

BIOGRAPHICAL SUMMARY: Harriet Kuwamoto

Harriet Kuwamoto, one of twelve children, was born September 18, 1909 in Kona, Hawai'i. She moved to Honolulu with her family about one or two years later. Her father operated a blacksmith shop on Beretania Street, and in 1920 the family moved to Kaimukī.

She attended St. Mary's Mission School, Territorial Normal and Training School, and graduated from McKinley High School in 1928.

She moved to San Francisco for three years to study nursing at St. Luke's Hospital and the Children's Hospital. She returned to Hawai'i in 1932 and continued her schooling at the University of Hawai'i.

Kuwamoto worked as a public health nurse on Maui for four years, then returned to Honolulu in 1937 to work at the Pālama Settlement venereal disease (VD) clinic for about a year. She then moved back to the Mainland and attended the University of Pennsylvania, returning to Hawai'i in 1939.

When the war broke out, she was assigned to immunize all adult civilians for typhoid. Following the immunization program, she worked as a VD control nurse at Kapahulu Health Center and Pālama Settlement. Though prostitution was not legalized during the war, it was highly regulated, and her work involved testing prostitutes for VD and following up on their sexual contacts (mostly military).

She continued working as a public health nurse until her retirement in 1969. Since then, she has remained active through volunteer work.

Tape Nos. 22-21-1-92 and 22-22-1-92

ORAL HISTORY INTERVIEW

with

Harriet Kuwamoto (HK)

March 25, 1992

Kaimukī, O'ahu

BY: Joe Rossi (JR)

JR: This is an interview with Harriet Kuwamoto on March 25, 1992, in her Kaimukī home. The interviewer is Joe Rossi.

Miss Kuwamoto, to begin with, could you maybe tell me a little bit about your parents and where they're from and how the family came to be in Hawai'i?

HK: My father came first to work in the [sugar] plantation. Which plantation, I'm not too sure. And then after he finished his contract—whatever number of years it was—he went back to Japan and brought my mother and my oldest brother (who was about seven or eight years old) and moved to Kona. And I was told that he (opened) a blacksmith (shop) in Kona. And after (we lived in Kona) for several years—my two (older) sisters, three brothers, my other sister, and myself were born—then (the family) moved to Honolulu. I don't know just exactly where (we) moved (to) in Honolulu, but I recall 1950 South Beretania Street.

JR: That was the address.

HK: We had a blacksmith shop (at that address), and a living quarters right next to the blacksmith shop, and a kitchen outside, like most of the families had. And I remember we had a grapevine. It must have been a pretty good-size property, but the blacksmith [shop] was pretty good size right next to our living area. That's where we lived until (the lease was up, and then) we moved over here, this area [i.e., Kaimukī]. I think that must have been about 1920.

JR: Do you remember what year the family moved to O'ahu?

HK: I was trying to figure out, because I was a very small infant. I was born in 1909, so maybe about 1910, because my three (younger) sisters were born here (in Honolulu).

JR: Okay.

HK: So it must have been about that time. I'm not too sure about the exact date.

JR: What was the date of your birth?

HK: Nine-eighteen-nine [i.e., September 18, 1909]. So we may have moved out here maybe either 1910 or 1911, because my next sister was born in 1911. It may have been just before 1911.

JR: How many children were in the family?

HK: Total, we had twelve.

JR: Twelve?

HK: Twelve. Five boys and seven girls. And we have one brother and five girls living now. Six are gone. So that's our family now. (My) brother lives in the back here (on Charles Street). He (was) the oldest of the three boys. See, we had two boys, two girls, three boys, and the oldest of the three boys is still . . .

JR: The second group of boys.

HK: Yeah, the second group of boys. And he's about ninety years old now, ninety-one maybe. And then the two brothers who died, and then five girls. We are all living.

JR: Right before we started recording the interview, you were telling me about a brother of yours that—the oldest brother who died at a young age . . .

HK: Well, he was older. Because he had come from Japan—I think he must have been about nine years old, and he had to start school. (After attending grammar school in Kona, the family sent him to Honolulu to attend McKinley High School. He boarded at Okumura Boarding Home. Reverend [Takie] Okumura of Makiki [Japanese] Christian Church ran a boarding home so that boys and girls from the outer islands could attend a Honolulu high school. After high school, my brother attended College of Hawai'i for two years. He studied sugar technology.) Then he worked about two years at Kōloa (Plantation as a chemist). (My father then asked him to return home, which he did. When he came back, he then enrolled in the College of Hawai'i as a junior. In his senior year, he was injured in a football game.) He died on November 3, 1917, (at the home of David Crawford, coach of the football team).

JR: He was playing football for the university?

HK: Well, at that time they used to call it College of Hawai'i. And the boys played with the high school team, like Punahou [School]. I think they were playing with the Punahou football team, because this was the only college.

JR: What was your brother's name.

HK: Maruichi. He was born January 1. I forgot the exact (year).

JR: He was playing on the football team and hurt himself or someone hurt him?

HK: Yeah. He had a cervical fracture, and so he died right away, I think. I remember on that day the youngsters were at Japanese[-language] school. They were having what they call—it's really *kabuki*. And we all went. My mother would fix up some *bentō* or lunch, and we would

all go there and sit down (on the ground in a measured space, about a yard square for each family). I think that was it, or a school program. And when we came home that evening, lo and behold, the house was completely changed. My parents are Buddhists, so as soon as, I think, the death was notified, they brought the shrine out. They had it on the floor. Because we didn't have beds or furniture at that time, we all sat on the floor. When we came home, all this commotion. And we were told that my brother had been killed in the football game. The body must have gone to the mortuary, I don't know. The neighbors were all there. It was in the evening, you know. So that's how we knew that my brother had died.

JR: Maybe you could describe the house for me in more detail, because you said it was right next to the blacksmith shop.

HK: It was an old house. You know, in those days they didn't have divisions. We had a house on one side—well, the house and the blacksmith shop is all under one roof, and it was divided. One part was a blacksmith shop, and then the next part was our living area. And I remember the living area had a big room where at night we would get all of our *futon*, line them up on the floor, and we all slept.

JR: The whole family.

HK: Yeah. And one area would be sort of like a living room. And if there was overflow, we would even sleep there.

(Laughter)

HK: And we had a little porch. And then separated from the main house was a kitchen. We had a sink and table and everything, so we would go over there (for our meals). And I think it was even dirt floor in those days.

JR: Oh yeah?

HK: And then around the kitchen we had the Japanese *furo*—you know, the bathhouse—and around that we had the toilet. That was the extent of our bathroom facility. And we had to burn the wood. You know, we had the redwood tub—wooden tub—and we would burn [wood to heat the water]. Then, on the redwood bathtub, we had a frame so we won't burn ourselves. So that when we got into it, there was this sort of latticework frame so we could sit down. And then there was an area where we washed ourselves. Usually when you go into Japanese bath you don't—you know, we soap ourselves outside and then rinse ourselves and then go into the hot tub and just soak in there.

JR: Was there a line every night of the kids waiting to take their bath?

HK: No, we just went in whenever we were ready to go ahead. That was kind of our bath facilities we had. In the back area we had the grapevine, I remember. And then in the back we also had a stream, and we used to once in a while catch the shrimps. They call it '*ōpae*'. And on the other end by our blacksmith shop, I think it was just an open area. And then there was a lane that went to our neighbors.

JR: What kind of neighbors did you have?

HK: Mostly Japanese. And on the other side there was this huge Chinese vegetable garden, so the Chinese lived there. And they had a long house right on the street. I suppose each man had a room, and I don't recall about the kitchen. But at night they would come out and sit on the porch and eat their food. (Laughs) That I remember.

JR: Were there other businesses? Like you mentioned your father had the blacksmith shop, were there other small . . .

HK: Yeah. The corner across the street was the store.

JR: Like a market?

HK: A grocery store, small grocery store. And that was the only grocery store. And down King Street—which is two blocks down—there was another grocery store. That is at the corner of McCully and King [streets], where there is the McCully Chop Sui now, yeah. That wasn't there. But there was a store where the City Bank is now. That used to be the store we used to go in, Chinese store. That I recall. And other area was mostly homes.

JR: Now it's kind of a busy intersection.

HK: Yeah, it is a busy intersection, with the bank, [McCully] Chop Sui, and I see the Japanese people are now remodeling the corner. That used to be a drugstore. Oh yes, I think there was a drugstore long ago. And that's where during World War II a bomb is supposed to have fallen there.

JR: That's right. I've read about that. [It was later determined that the damage was caused by anti-aircraft fire on December 7, 1941.]

HK: And then on Beretania Street were mostly homes people lived in, as far as I could remember.

JR: Was it a busy intersection back then?

HK: Yeah, because that was a thoroughfare—Beretania and King Street. Young Street wasn't too heavy traffic area. But Beretania, of course, because that was a main thoroughfare to go from one way to the other, and King Street met [Beretania Street] near University Avenue. I think it was there. But all where the University Avenue [and Beretania Street intersect today], there was nothing. There was a dairy, if I remember, up there. Mr. [Thz Fo] Farm had a dairy. And then we had a doctor who had a beautiful home. I don't know whether that was at the end of University Avenue or further down. He had a huge house there. And there was another prominent Japanese-Hawaiian (family). The wife was a Hawaiian—the Matsumoto family—and (the children) were part-Hawaiian. And I think she must have been one of the wealthy Hawaiians married to this Mr. Matsumoto, a Japanese. And they had a lovely home, as I see it. And Mr. Matsumoto was very active in the Japanese[-language] school. You know where the Mō'ili'ili Community [Center] is? That used to be our Japanese school that we attended.

JR: You went there after your regular school?

- HK: Yes. It was interesting. From St. Mary's [Mission School] we would go home, and my mother would always have some sweet potatoes or soybeans. When I think about it, (my parents were aware of good snacks). Because in Hiroshima, [Japan], sweet potato is quite popular. She would buy a bagful—100-pound bags of sweet potato—and she would have the sweet potato ready for us as a snack. Then we would go to Japanese school. (Laughs) Or soybean, you know, because they used to sell the whole branch of beans, instead of the way they do it now. And then my mother would, I suppose, peel them off (the branch) and cook it. (We ate the beans as we walked to) Japanese school. We learned to speak Japanese, but I've forgotten everything now.
- JR: Oh you have?
- HK: Oh yeah.
- JR: Did your parents speak English?
- HK: No, no. We had to speak Japanese (at home to our parents). And I'm always grateful, my mother always used to say as we grew older, "When you are speaking Japanese to anyone, if you cannot speak properly, don't open your mouth. That way you don't embarrass yourself." You know, just nod, (laughs) and they think you understand.
- JR: You mentioned the school you went to, St. Mary's.
- HK: Yeah. See, after I (finished) third grade, we had to leave. Because that was the extent of school. It was the end of schoolwork, the third grade.
- JR: St. Mary's went from . . .
- HK: I went to [Territorial] Normal [and] Training School.
- JR: Oh, so St. Mary's was kindergarten or first, second, third?
- HK: Third. I stayed there from kindergarten up (through) third grade. And then we had to get out of there. We were going to Ka'ahumanu [School]. Are you familiar with where Safeway is [on Beretania Street]?
- JR: Yeah.
- HK: Yeah. But they wouldn't take (my older sister and I) in. I don't know what the reason was. So we moved on to normal training school, which was a few blocks away. I went there from—oh, they repeated us. We had to go back one grade.
- JR: You had to repeat third grade.
- HK: (Yes), third grade. From third grade up to eighth, and I graduated from normal training school in eighth grade. And then I went to McKinley [High School] for four years, from '24 to '28.

JR: Okay. You graduated in 1928.

HK: Twenty-eight. And then I went to St. Luke's Hospital in San Francisco, and I stayed there. At the time, most nurses' schools would be three years, but ours was only twenty-eight months. So after I finished St. Luke's, I went to Children's Hospital for postgraduate.

JR: In San Francisco.

HK: In San Francisco, for another eight months.

JR: Okay.

HK: I have a three-year diploma. I thought eventually they may say, "You don't have enough education," so I'd be prepared for a three-year course.

JR: I'm going to back you up just a little. I wanted to find out a little bit more about the different schools that you attended. St. Mary's, where was that and what kind of a school, what size of a school . . .

HK: Well, St. Mary's, you call it a parochial school. We didn't pay anything. See, it was a mission school, because there was Miss Sara Chung and Miss [Hilda] van Deerlin, who were the people—sort of missionaries—who came there and taught the children. We had children in the neighborhood—mostly Orientals, as I remember. Our whole family started there and then divided to different schools.

JR: Was it Catholic school?

HK: No, Episcopal. St. Mary's is an Episcopal church. Both of them were Episcopalians. And unfortunately, Miss Chung was getting off the bus, and she walked in front of the bus and a car came and killed her. That's a bad thing for anyone to do. Hilda van Deerlin was the older person, so she brought her sister, Miss Margaret van Deerlin, from the Mainland. They're from San Francisco, a well-known family there in the Episcopal church. So Miss Margaret came and carried on. And I don't know who else came after that. They had some older people, maybe high school students, who stayed at the dormitory too, and I suppose they helped.

JR: They had a dormitory there for people who lived neighbor island?

HK: No, these were the orphans. The Hawaiian---well, it wasn't only Hawaiian. Anyone who was an orphan and had no home, they would take them in.

JR: Okay.

HK: It was a good boarding home. (When I was a public health nurse), I was asked to be on their board [of directors] once. (Authorities) said that dormitories were not the best, (that children) should go into foster homes, so they closed St. Mary's. And I always felt that sometimes dormitories are much better than some of the foster homes you find. But they had to discontinue because the government said close up all boarding homes. They continued with

the mission work, and eventually they had a priest (assigned to the church), so it became a parish. In the beginning it's usually mission, because it has to be supported by the diocese, and then when they have enough people in the church and they pledge enough and can pay for the priest, then it becomes a parish. But St. Mary's was always a mission for a long time, as far as I know. I left St. Mary's when we moved to (Kaimukī). (Then I attended) St. Mark's, which was also mission. We didn't have a priest for a while until we became a parish. And I went to the Mainland from St. Mark's. And anything else you want to ask?

JR: What did the school look like? It had dormitories . . .

HK: At St. Mary's?

JR: Yeah.

HK: No, I think the first level of the building was the classrooms. And of course, it was a classroom with many groups. You know, not first grade, second grade separate. They had to be all combined. And they were not only children who were in the dormitory, but outside children.

JR: Like yourself.

HK: Yeah. And my sister and I—and I think my brothers also went there if I remember.

JR: Why do you think your parents chose that school?

HK: Well, because it was close.

(Laughter)

HK: See, we lived on McCully, and St. Mary's is not too far away. And then it was on the way to Japanese school. Convenient. And Kūhiō School became the first public school. You know where Kūhiō School is? It's further up.

JR: Okay, I see.

HK: When we moved here (to Kaimukī), my (younger) sisters went to Kūhiō School, except one of them went to—yeah, she went to Kūhiō and then went to [St. Andrew's] Priory later on.

JR: So from St. Mary's, you went to . . .

HK: Normal training school.

JR: That's where they were teaching people to become teachers.

HK: Yeah. Just like your. . . . What do they call it at the university?

JR: Lab school.

HK: It's equivalent to the lab school, where the student teachers come and teach us.

JR: How did you like that?

HK: Well, at that time, we thought—the teachers had pigtails like we did. They were no different, especially in third grade. But by the time we got into fifth grade, they had teachers who were more mature looking. And then when we became seventh grade, they had what they call collegiate teachers. They were freshmen at the university.

JR: So the younger the student, the younger the teacher basically?

HK: No, at that time I think they must have had all high school students teaching. But I remember, in third grade we had (a younger student teacher). And as time went on, I suppose they were able to get better students to come in, maybe juniors and maybe seniors. And then when I became seventh grade, I think that's when they set the policy of having collegiate teachers. They were university freshmen. And they were more or less the elites, as I remember, people who were well known, like Mapuana Peters, who was a judge's daughter, and a few others.

JR: Those are your teachers?

HK: Miss [Lucy] Thurston, [who later became] Mrs. Blaisdell—oh, she passed away—[Mayor] Neal Blaisdell's wife. So we had higher-grade teachers.

JR: How big were the classes?

HK: Well, regular, maybe twenty-five or thirty, because it was a classroom, ordinary classroom. And being a lab school, they probably wouldn't crowd them up so much.

JR: What kind of students were there?

HK: All mixed, yeah. Even when I graduated, we were all a mixed group. I suppose there were students from the neighborhood mostly. Because I remember a Korean classmate of mine who lived right next door [going] to the normal school. See, that area used to be Portuguese area.

JR: Oh, it was?

HK: Yeah. That used to be the Portuguese town. All the Portuguese lived in that Punchbowl area.

JR: Where exactly was the school?

HK: Do you know the retirement home up on Lunalilo Street? That was the first retirement home they built for low-income people. That used to be the normal school. And when they [merged Territorial Normal and Training School with the University of Hawai'i in 1931], they built this retirement home. It's changed quite a bit, because they have condominiums and apartments. But the whole area was a Portuguese community. You know, in Hawai'i we had—like in Mānoa it's all *Haole*. No Orientals could move there. Then here, I think, was kind of mixed when we moved.

JR: Kaimukī.

HK: Yeah. And Waikīkī was mostly *Haoles*. Mānoa was definitely *Haoles*.

(Laughter)

HK: When we worked there, we worked there as maids. But now it's all mixed up. But when you grow up without. . . . They live there. It's okay, they're rich. You don't have the feeling like so many of them had, the prejudice and the bitter feeling. Thank goodness I didn't grow up with that feeling, like the people who are in plantation. I have friends who are professional people and who grew up in the plantation, and they still carry that resentment. You know, because probably they were put in the specific Japanese section, Filipino section, and so on. But with us, we used to have all kinds of people—especially in our shop, my father's blacksmith shop, we used to have all nationalities come in to have their horse shoed and wheels fixed. And then going to St. Mary's, where we had a mixture. I noticed even when I went to the Mainland, you didn't have that prejudice. You didn't feel that so many other people felt. . . . So I'm glad that I grew up where I did.

JR: I think you said the lab school, though, only went to eighth grade.

HK: Yeah, eighth grade. And that's why we had to go to McKinley. That was the only high school in town at the time. Because we didn't have Roosevelt, we didn't have—what other schools are there? We didn't have Farrington. Everybody came to McKinley. And then when Roosevelt came on, it became an English-speaking school.

JR: Yeah, English standard school.

HK: Yeah. You heard about that?

JR: Yeah, yeah. But that was after your time.

HK: Oh, way after my time. I had a niece who was on Maui, and she always used to say, "I'm going to the English standard school," which is bad, you know.

JR: Yeah, it's bragging.

HK: Bragging.

(Laughter)

JR: How did you get to McKinley from Kaimukī?

HK: Oh, we walked usually, or got on the bus, on the trolley.

JR: Sometimes you would walk though.

HK: Yeah. It's not that far, you know, when you think of it. It's only about three miles, from here to McKinley. Sometimes I used to come home from St. Andrew's to my home, which is

about four miles. But I'm sure we walked or took the trolley, because it was, what, only five cents. Of course, five cents was quite a bit. We used to buy the tofu, I think one square used to be five cents. Now it's about \$1.89.

JR: Yes.

HK: Oh, it's terrible.

JR: Why did the family move from the . . .

HK: Oh, because that used to be a leased land. It must have been a Bishop Estate lease land. And the lease was finished, so we had to get out. And my father had a piece of property up on Eighth Avenue, a small piece of property. And we had a very dear Chinese friend named Mr. Farm. He started the Ho-Min Ice Cream [Company]. He had a dairy near the university, and my father and my oldest brother used to help him with the cattle. And he was such a kind Christian. When we had to move from there, he said that he had a property here, that for us to sell the other property and buy this. And this was a one-acre property—pile of rocks, nothing but rocks—and for one cent a square foot. So he was able to buy this land for one thousand dollars. That was a lot of money in those days. And Kaimukī Avenue was just—it wasn't even a path, just a pile of rocks.

JR: Oh yeah?

HK: When we first moved here.

JR: Were there any other houses around?

HK: Well, I think there—I don't remember this house. But eventually houses came on. So my father built a small house here, and we lived in that small house.

JR: Is this part of that same house, or is it . . .

HK: See, this whole area belonged to us—one acre, which has ten lots. And Japanese-style, they give all the property to the boys. My oldest brother—who lives there now—got six lots, and my second brother got two lots, my third brother got two lots. In 1950, my brother was going to get married. He didn't get married until quite late. And (my mother) always used to say, "Never interfere with the in-laws. Get out of the house." So I asked my brother if he would let me buy a portion of his land. He handed me his deed, so I went out and got it divided. I got this lot and gave back whatever was left over.

And then I decided to build a house. I used to hear people say, "Oh, when you're building a house, you're going to have all kinds of trouble. Husbands and wives fight about this—we want this, we want that." And then, I hated to be cheated. So what I did was to take a course in planning your home, one course at the university by Mr. Whitaker. He was an architect and an artist. And then that was, oh, very high-falutin homes.

And someone said to me, "Harriet, if you're going to build a home, go to McKinley. There's a Mr. Lemmon who teaches a course at McKinley." You paid one dollar for a night class, so

I took the course. And he was very functional. And he started off systematically, you know, how we're going to plan to build. And he was wonderful. He even brought the banker in to talk to us about loans. He even brought the Lewers & Cooke lumber person, so that we would know what kind of material we needed and so forth. And he invited us to his home to see what kind of home he had built. And then, when it was all over, I asked him if he would be my architect. He was so delighted. He knew us from the class. So he came over and helped me out, and that's how I built my home.

JR: So he designed this home we're sitting in right now.

HK: Yeah. Well, before our class was over we (made a building) plan according to our land area. And this was something I had, so he knew what I was planning (when) he came. And (my) having taken the course was wonderful, because you know you cannot add on without further cost. You have to be sure what you want. And he used to stress that. Many people would say, "Oh, I want this changed, I want that changed."

He planned it so well in our class. "When you're building a home, how are you going to live? Are you going to live in a big house with a dining room? Are you going to entertain a lot? If you're going to work all day, you can't have time to entertain." And all these little details, so that you can see that you only put in whatever you want.

And I said, "I'm going to die in my house, so I have to think in terms of in case I have cancer and chronic disease, I want to be able to look out, not go in the nursing home."
(Chuckles)

JR: Oh, thinking ahead.

HK: Yeah. He helps you to think ahead. He said, "Are you building for a resale? Are you building for permanent? And are you going to build to extend in case you marry. And then (are) you going to have children? You have to plan whether you're going to have extra bathrooms, bedrooms." You have to plan your house accordingly, so it wouldn't be that expensive. And it really helps you, you know. I feel now you can't do that, because they're so sloppy in their building. You know, you can't have the fine things in the house. And so when he planned it, we went over it and he put in anything I felt I needed. So I'm satisfied, although sometimes the doors get too heavy.

(Laughter)

HK: See, what I was planning . . .

JR: These sliding wooden and glass doors.

HK: Yeah. And then my patio—of course, it's a junk pile now, but that's where I'm going to have all kinds of plants. And when I was younger I could entertain people in the patio and everything, so it was really wonderful. And it was so cheap when you think of it. I learned all about bidding. He would get all the contractors together. I went to wherever they were. I think it was to his office. And it was all blind bid. And (between) the lowest and the next was a difference of five dollars. Some were way (off), \$3,000 or more. Maybe they didn't want

it. So we took the lowest bid. And the total came out to only \$18,000. Can you imagine? This included the architect's fee.

JR: What year was the house built?

HK: Nineteen fifty-two.

JR: Fifty-two.

HK: It'll be forty years now. And I told him I didn't want to be a slave to my house. And the reason—people say, "Why do you have that high windows there?" Well, there was an empty lot (next door). See, I didn't want to be looking at the empty lot. And I don't want to be bothered with drapes, even though the windows are pretty dirty. So that way, you know, you don't have to do much work. And then I had bare floor, because it's easier to vacuum and mop, instead of rugs. (Chuckles)

JR: The house that was here before, that house that your father built . . .

HK: Yeah. (It) was further down, because, you see, we had a lot of space.

JR: So you had the whole acre to yourself.

HK: No, no, no.

JR: At that time.

HK: Five thousand square foot. That acre was divided into ten lots. I have one of the ten lots.

JR: But before, when you first moved here.

HK: No, no. I had to get the five thousand, because that had to come under my name to register at wherever you register your property.

JR: But when you were children and your family first moved here . . .

HK: Oh yeah, we just had the one house. We had a dairy here.

JR: On the same property?

HK: Yeah, in the acre. My brothers used to milk the cow, and we (would deliver the milk to neighbors who had ordered it).

JR: Oh, so it was like a little business that you had.

HK: Yeah, a business.

JR: What happened with the blacksmith shop?

HK: Oh, once we moved (to Kaimukī), we couldn't have the blacksmith shop here. But we brought some things over—you know, like the anvil. And we used to work in the blacksmith shop. Well, everybody had to work.

JR: All the children?

HK: Yeah. I remember working. And (once) I fell down (while blowing the bellows), and there was a nail sticking out, and I got the nail in my knee.

JR: That must have hurt.

HK: Well, it didn't. It was rusty, so I remember pouring a whole pint of hydrogen peroxide—you know, seeing the bubbles coming out. I didn't get any infection. But we all had to help. My brothers did most of the heavy work.

JR: Was it just your father and then whatever children helped? No other people?

HK: Yeah, no outsiders. He did all the shoeing of the horses, because that's what (he) did. See, with the shoe, they have to heat it up and hammer it to fit the hoof. Now when I see a blacksmith, (as I did) when I visited the Mainland, it (brings back memories). There aren't too many blacksmiths. Even here (there are not) very many. (But there must be) some, because (there are) horses that have (to be shoed).

JR: Brings back memories, when you . . .

HK: Yeah, yeah. It's interesting.

JR: So you had a dairy here afterwards?

HK: Yeah, we had a big area down below, being an acre of land. We had a pasture—I don't know how many cows we had—and we had a milk shed. And inspectors used to come from the health department to take some samples to be sure we were within the regulation. And then gradually, I suppose, we got rid of the cattle, especially when we grew up and were doing our own work, like when my brother went to work at the university and others started working.

JR: I'm going to stop for a second to turn the tape over, okay?

END OF SIDE ONE

SIDE TWO

HK: See, I was working for this family, a White family.

JR: As a maid.

HK: As a maid, during the summer. And (the family was) invited by (another) family on Moloka'i. And so I had the privilege of going with them (to Moloka'i). We went on S.S. *Likeline*, in the middle of the night. And then when we got to Kaunakakai, the boat—or the ship, whatever you call it—couldn't get to the pier, so we had to get on a little boat.

JR: Like a rowboat or something.

HK: Rowboat. And then we were brought in to the pier. And then from there we had to travel quite a distance to the home we were going, in the middle of the night on a T-model [Model-T] Ford.

(Laughter)

HK: See, there was a mother and two children and myself—four of us—in this T-model Ford. And we finally got to this place. I was trying to think the name of this family. The wife was a daughter of Governor [Charles] McCarthy. But I don't know what her married name was. They had a dairy in Moloka'i. And then, being a maid and all, they had their own people, so I didn't have to do much but be like the kids. And we used to go crabbing and do all kinds of things that I had never done, you know, never had the experience. I don't know how long we were there. Then we came back (to Honolulu) on the *Likeline* again.

And every summer I worked for this family. They were Mr. and Mrs. Scott. Mrs. [Elizabeth] Scott was from Australia. Mr. [Ralph] Scott was from New Zealand, and he was head of the Bishop Insurance [Agency] here. They're both gone (now). And the children were John and Joy Scott. And I'm trying to figure out whether John died. And Joy, I don't know where she is. I was asking someone who grew up with them whether they remember her, but they don't know if she's still. . . . I'd like to see them. You know, they'd be quite—oh, much younger than I am. And I worked for this family every summer from that time on until I left for San Francisco.

JR: This was starting about—what age were you when you started?

HK: I think I was about thirteen. And it was a great experience for me. Because our home was Japanese—sleeping on the floor, no furniture and all. Whereas when I went to the home, she taught me how to clean the house properly. Coming from those areas [i.e., Australia and New Zealand], they were very proper, you know, with the silver and all. I learned to polish the silver, set the table, and I think I had to do some laundry too. I always am very grateful to having worked there to learn the American way of living. That way, it was an educational period for me to be in the home. I would go early in the morning to Waikīkī.

JR: That's where they lived?

HK: Yeah, on Saratoga Road.

JR: They had a home?

HK: Yeah. They were renting the house, I think, at the time. Only during the summer. But during the school year, if they were going out they would ask me to come and baby-sit. I would go and baby-sit, and that was my extra money. (I) got paid five dollars a week (during the

summer). Oh, that was big money. Twenty dollars a month, you know.

JR: And you would live with them?

HK: No, no. I would come home. I don't think I lived there. Then they built a beautiful home up in Woodlawn. And at that time, there were, oh, very few homes up on Woodlawn [in Mānoa]. And so I would go there during the summer months. But I stayed there, because it was such a long ways from there to my home. I would come home for weekends, and early Monday morning I would go there. And when they wanted me to baby-sit, I would go up there, spend the night, and they would bring me to school, McKinley High School. And they always gave me a nice lunch. (Laughs) That's a big help, you know. They were so wonderful.

JR: Do you remember how you found that job?

HK: Oh, my sister. My oldest sister was a maid, lived and worked for a family in Waikīkī. And Mrs. Scott was looking for someone. And so I stayed with them during the summer. I didn't feel I should work during the week, school days. And they managed somehow. I think they had someone come in and do the housework or something. But they wanted me to take care of the children. And they were such lovely children. John was such a brilliant boy, and he was one boy who could read. He would be reading, and he would finish the page. I said, "John, do you know what you're reading?"

He'd say, "Yeah."

"Tell me." He would know. He was such a prolific reader, young age. And when they built this big home up on Woodlawn, I went there, stayed there during the summer. And there I learned a lot more how to clean a big house. (Chuckles) And I always am grateful to them for having taught me all that cleaning house, taking care of the silverware, setting the table, so that you learned the nice things of living.

JR: That can be hard work though.

HK: No, she always helped too. And I was enjoying the work, so it really wasn't. You know, whenever you're enjoying doing anything, it's fun. That's the way I always felt, that I was really going to school, learning all these things which I never knew in my home.

JR: Did you have to wear a uniform or anything?

HK: No, no, just ordinary clothes. And then they always took me whenever they went to the beach. I was part of the family. Especially when they lived in Waikīkī, John, Joy, and I would go to the beach in the afternoons. And then when she moved up to Mānoa, well, the family would go to Ulunui [Women's Swimming] Clubhouse. I think a group of women had bought the house. It's gone now, but I don't know where it used to be. It was near Outrigger Canoe Club. And they had their own kitchen, and there was someone who was always there to take care of the place. And many, many families went there. It was a nice gathering place, and I used to swim in front of Outrigger. So it was a very pleasant experience, and getting five dollars a week. (Chuckles)

JR: Now, did you give that to your family to help them?

HK: Well, I think I saved it. They said keep it so that I could save it, you know, for my trip to the Mainland and so on. And we didn't have too much, but when you have your vegetables growing and chickens and what have you, you can manage. And then we sewed our own clothes, and we had one or two dresses.

(Laughter)

HK: We managed. And then when I baby-sat, they would pay me a dollar a night. And that was a godsend.

JR: I wanted to ask you about something. When I first met you, I commented on the fact that you sounded to me like a *Haole* person, the way you speak. And you said, "Oh, other people have told me that." I was trying to figure out how you came to talk—because really, you grew up here, your parents were Japanese, they spoke Japanese.

HK: Yeah. You think I speak different?

JR: Yeah, you don't sound . . .

HK: Oriental.

JR: Yeah, you don't sound local.

HK: I don't think anything about it. When people comment, I say, "Well, I'm speaking the way I always did."

JR: But other people tell you that though?

HK: Yeah, even the director of nurses. She says, "Are you sure you are from here?"

I said, "Yes, I was born in the country in Kona."

And she commented that I speak—I don't know, because I can't hear my own voice—differently. And it is true some of our local people speak. . . . What is it? Is it the mixing of the language, the Hawaiian and all?

JR: Yeah. It's probably the influence of—the pidgin, you know?

HK: Yeah, I have never spoken pidgin. I'm wondering sometimes, having gone to school and then working with a *Haole* family during the summer months . . .

JR: That's what I was thinking.

HK: Yeah. Because those children spoke good English, and they both went to Punahou School. I'm surprised when people say that. But once, after I went to the university, taking courses to get my degree, I was called in by whoever was interested in English. She called me in and

said, "I want to talk to you. You have not taken English 1. All Japanese students must take."

I was already a professional nurse. I said, "Well, no one told me that I must take this course."

And after she listened to me talking and [heard] that I was already a public health nurse she said, "Oh, in your case probably we can drop that."

And I thought, boy, boy, these people. See, because all Japanese—I think only Japanese students, I don't know whether it's all racial groups—had to take this extra course in English before they could take anything. Discrimination.

JR: Yeah.

HK: I never thought about it. But if she said I had to take it, I would say, "Keep it. I'm not going to your university." Because I have even done that with—when I went back to get my degree, they said I had to have eight credits in science. I had to take eight credits in chemistry—four for one semester, second semester four [more]. I said, "Mr. Kelly, I'm a professional nurse. What do I need chemistry for?" I said, "I flunked chemistry when I was in high school. I passed chemistry when I was in nursing school. I see no rhyme or reason for me to take chemistry now." Thank goodness they didn't have Chemistry 1 in first semester. See, I was going to be a sort of full-time student.

He thought, and he said, "Well, we'll substitute the science." He said, "What about taking two credits in bacteriology, two credits in botany, four credits in nutrition?"

I said, "Those would be wonderful." Because bacteriology, I can take back to what I'm doing. And botany, I can learn more about plants. And nutrition, this was advanced nutrition they were planning for the dieticians' course. I had already had a nutrition course for public health nursing. I said, "Oh, that'd be just perfect." So that's what I did.

To me, sometimes you have to speak up, especially when you are an older person. They shove these things which (are) not going to do you a bit of good. And with bacteriology, I was able to go back to our clinic—when I was doing the VD [venereal disease] work—and do gonorrhea smears right in the clinic, because I learned how to stain and everything. We told the doctor, I said, "I think we can do that smear test right here." We had microscopes and everything. "We can tell the patient whether we found the gonococcus on the smear or not." I was able to utilize that right then and there. I got my way, didn't have to . . .

JR: Yeah, didn't have to do the chemistry or the English.

HK: Yeah, isn't that something? I don't know whether they still . . .

JR: I've heard people talk about how the university did things like that—in terms of their English admittance—you know, to local students.

HK: And see, I was already, what, in my twenties at the time, already working. They had no idea, I suppose. They saw my name and thought, "Racial extraction Japanese, I better call her in."

(Laughs) Quite an experience. If I didn't speak up, they would put me in the class, waste more of my time.

JR: I just wanted to finish up with your high school years before we get into your higher education. You then went to McKinley, yeah?

HK: Yeah, McKinley. And I took what they call a collegiate course, you know, where you have to have language. I had three years of Latin and one year of French. And then, chemistry I flunked. Biology, I don't know what else. And English, of course. We had four years of English, I think.

JR: Did you know what you wanted to do once you graduated?

HK: Yeah, before that. I used to work in the first-aid station at the school.

JR: At McKinley?

HK: At McKinley. I was a Girl Scout, and we had a first-aid course. That was sort of extracurricular activity. I worked in the first-aid station. And then I decided that probably nursing would be (a chance to go to the Mainland). I didn't want to go to the university. I hated to write book reports. And then, because I was Episcopalian—and Rose Yap, who was my classmate, she was going (there), so we decided to go (together). There was four of us Episcopalians who went there.

JR: You know that first-aid station you mentioned, what was that?

HK: Oh, when students came in, we had to take their temperature. When they said they were sick, we had to take their temperature. Because I had taken first-aid in Girl Scouting too, so I was able to. I knew that much, taking temperature and all that kind of thing. And we had a wonderful teacher who was (our first-aid instructor).

JR: So from an early age, then, you knew you wanted to go into nursing.

HK: Yeah. And there was no one in my family who went into nursing. And none of us—oh, I had a tonsillectomy when I was in high school. And the doctor did the tonsillectomy in the office, and then he took me to the hospital. I spent the night there. And when I was in the hospital, they didn't tell me to stay in bed. I would go to the bathroom, and (when) the nurse (saw me out of bed, she said), "What are you doing?"

"Oh, I have to go to the bathroom."

She said, "You're supposed to stay in bed and put the ice cap on." Such a ridiculous thing.

(Laughter)

HK: I must have been a belligerent child.

(Laughter)

JR: Strong willed.

HK: Next day I came home. That was my only hospital experience. And none of us in our family had any hospital experience, except that (one night) I was in the hospital.

JR: Why is it, do you think, that you wanted to be a nurse?

HK: Well, I think I enjoyed working with the students coming in—taking their temperature and helping them out. And then, I don't know, I just felt for the people, you know, caring.

JR: What were your options, I guess, is what I'm wondering. For a woman of your age at that time . . .

HK: Well, to go to the university. But I didn't like that, writing a book report about . . . (Laughs) They say, "Oh, you have to write a book report." I used to just detest that.

I was taking courses (at the University of Hawai'i) piecemeal, except in the last year. They said I had to be a full-time student, at least with twelve credits. So what I did was to split my vacation, and I would work and go to the school on vacation time. I was given permission to do that. I was still getting my salary. And that way I gave more to the government, because I would come back and work and work [at the Department of Health]. And that's how I was able to finish. And because I had courses from the University of Pennsylvania and all of that, by the time I asked them to evaluate my credits I had more than enough. But I didn't have the required courses. Because during the war, I think many of us went to the university to take night courses with everybody. And I remember taking international government, where we studied the Constitution, new constitutions of the Philippines, of Japan, everywhere, and different courses they were offering. I just took anything that I thought would be interesting. And if I wanted to audit, I'd audit. If I felt I'd take it for credit, I'd take it for credit. I had quite a bit piled up, but I didn't have the requirement, so I had to go back and get that.

JR: You just like to learn.

HK: Yeah, something that I could use in my work and for enjoyment. And I found the international government very interesting, because that was right after the war years [i.e. World War II]. And then [there were] older people in the class, so the discussion was very interesting. Instead of being with a bunch of young students. I forgot all the courses that I took. Another nurse and I would go up there. And I finally got my degree—bachelor of science in nursing—in 1949, long time later. I marched in the procession, and my neighbors came and gave me beautiful leis. Proud moment.

JR: You know, you just mentioned something that I wanted to follow up on—and it kind of breaks the chronology, but that's okay—the Girl Scouts.

HK: Yeah.

JR: You were a Girl Scout when you were young.

HK: Yeah, from St. Mary's. And then when I went to St. Mark's, I joined the troop there,

because it was closer. And then I was ready for the Golden Eaglet badge. I became a sort of—what do they call it—first lieutenant or something, kind of leader in the Girl Scouts. And when I went to the Mainland to nursing school, I found out they had a Girl Scout camp at Santa Cruz. The last summer I was in training, I took my two weeks' vacation to go to Santa Cruz camp for Girl Scouts. And there they had no tents. Everyone had to live out in the woods. And I was a loner, stray person, because I didn't belong to any troops by then. They said, "You go and look for your bed someplace." So what I did was to get all the leaves together and rented a blanket and slept there. And they said there were snakes and what have you.

(Laughter)

HK: And the only building that they had was (where) food (was kept). And all the Girl Scout (groups) there had their own little area. Between the pine trees and what have you, they made their sort of nest. And then there was a huge redwood tree with the inside burned out, and that was the office.

JR: Oh, interesting.

HK: Yeah, it was very. I was so glad that I went there. And then I met the daughter of the Girl Scout commissioner of San Francisco. She and I were Mutt and Jeff. And we all had to pick up an animal or insect name, so I became Scorpion. They never called you by your own name, you were just called by your insect (name). What was she? I forgot what she was. And she was almost a six-footer. She and I were loners.

JR: She was Giraffe or something.

HK: Yeah. (She was Lizard.) And we would go out on hikes. It was wonderful experience, because here (in Honolulu) I didn't participate too much in camp life because I was working during the summer months. When we had weekend camps or so, I would go out. And in my early days, the Episcopal church had a house in Kāhala, a bungalow where they could use for Girl Scout camp. And we pitched a tent on the grounds and cooked. And I don't know where that property is now. They must have sold it. It's too bad.

JR: What other activities did you do when you were a youngster, as a Girl Scout? You couldn't go camping.

HK: Yeah, we didn't do too much. I couldn't go camping, but at Kāhala—we used to go quite frequently there. That was our campsite, being part of the Episcopal church. And we had, I remember, a kerosene stove. And when I was in the eighth grade at normal training school, when we'd go to the kitchen we would learn how to cook. And they taught us how to make cream puff. So I said I'm going to bake cream puff at the camp. I mix it all up, but I didn't realize the kerosene stove doesn't get too hot.

(Laughter)

HK: So the cream puff never puffed.

JR: A little hard.

(Laughter)

HK: I remember that. And they all said, "Oh my goodness, your cream puff you can't even eat."

(Laughter)

HK: But camping on the ground, you know, it was just like a real camp. But we had to eat in the building, and we'd go up and down the sand. And now, Kāhala is so different.

JR: Oh yeah. Were there other troops?

HK: No, we were the only troop that used to go there. Oh, we used to have a troops' meeting. I remember all the troops would get together like they do now. And I think I mentioned to you about doing our community work by going to the Kalihi Receiving Station, where the leper troop was. You know, once every so many months we were told that it's our turn to go over there and have a group meeting. And (we) would have (ours) jointly (like the others). And after it was all over, then we served refreshments. We would take refreshments—juice, cookies, and what have you—and then put it on this hibiscus hedge. You know, put a tray there and they would pick it up.

JR: You were on one side and they were on the other?

HK: Yeah, that's right. Because we could not go in, because it was isolation.

JR: So the only contact was . . .

HK: Over the hedge, yeah. And then it wasn't that wide, so we could talk anyway—Pledge of Allegiance and all the different things that we did. And then whatever communication we had to do, it was over the hibiscus hedge.

JR: Were there many girls in the . . .

HK: Yeah. There were, I think, about—as I remember, at least about ten, fifteen girls, because I remember two lines. They would have chairs, and we would have chairs on our side too. They would bring for us. And then the other night when they were showing the leprosy colony . . .

JR: Oh, the TV program. There's a documentary on TV [on the history of Kalaupapa, the settlement for leprosy patients on Moloka'i].

HK: Yeah. All the youngsters you see in that, they looked just like that, many of them. Because you don't see (those lesions) anymore, with sulphonamides or whatever they're using now [to treat the disease].

JR: You mean the way the disease disfigures?

HK: The nodules, yeah. Did you see them?

JR: In the program?

HK: In the program, yeah. That's the way many of them looked. And it was not a pleasant sight to see, but we didn't think anything of it. The only thing was, I remember when I'd come home I would say, "Gee, I wonder if I caught?"—not knowing, you know, how.

And then my father always used to say, "Don't need to worry. If you put your hand down, and if this part gets all in, then you have it." (Laughs)

JR: What?

HK: And I've been trying to find out why he said that. Well, in many of these people the nerve is gone.

JR: Between the thumb and the forefinger.

HK: Yeah. This part would go in. So every so often I'd put my hand over it and say, "No, it's not in, so I didn't catch it." (Laughs)

JR: If the flesh that connects the thumb and forefinger was . . .

HK: Yeah, atrophied.

JR: Oh, then that meant that you had . . .

HK: He said that's the only way I can tell. Of course, later I learned you have nodules on your earlobes and nostrils and all over.

JR: At that point, though, people really weren't aware of—you just didn't want to touch . . .

HK: Well, we were not allowed to touch. We were instructed that we would have no bodily contact.

JR: Well, what about the juice?

HK: Well, we put it on the fence, and they would pick it up.

JR: But would you take it then when they were through?

HK: No, I think they threw them on their side.

JR: Oh, okay.

HK: There was no direct contact. We were told that whenever we visited them there should be no direct contact. But you don't catch it that easily. You have to live, like Father Damien [Joseph de Veuster] did. And when I went to Lahaina, I told you about the cases that we had,

we picked up.

JR: When you were a public health nurse in Lahaina.

HK: Yeah. Did I mention to you the first case that I visited?

JR: Maybe you should mention it again, though, so I can get it on the tape.

HK: Well, the first patient I was asked to visit when I became the public health nurse in Lahaina was to notify this lepers patient that he was to come to Honolulu to be shipped to Moloka'i. And when I walked in there, he was really one of those that you see in the picture. He was a full-blown leper patient. And I was concerned. Should I shake my hands with him? Or if he brought his hand out, what should I do? But I prepared myself by keeping both my hands filled up—one with purse and one with the nurse's bag.

JR: So he wouldn't extend his hand.

HK: But they're very careful. I think they're aware. And I explained to him that we are planning his trip to Honolulu.

JR: How did he react?

HK: Well, as I recall, I think he was prepared, because he was so advanced. And the doctor had to see him first, because I was there following the doctor's diagnosis and everything. So he probably knew. It was more fear on my part than anything else.

And it was his son, who was then just a tiny—I imagine he must have been about two—who at age six, when he was in the first grade, developed leprosy. And it was picked up [noticed] by the teacher, because I had explained to the teacher. We had a health card, and all the communicable diseases were listed there. It said contact if leprosy, contact if TB, and contact if whatever disease we had. And so the teacher, who was a wonderful *Haole* woman, I explained to her that he is one of the contacts, so we need to observe him. Well, he was out with the measles when he was in the first grade. When he came back, the teacher noticed that he looked flushed. And so when I visited the school, she called my attention to it. When I saw him I noticed how the earlobe was swollen and the nostrils enlarged. So I told the teacher I will take him to the government physician. The principal dismissed him to me, so I took the child to the government physician in my car. And the doctor looked at it. He says, "Definitely very suspicious. Isolate him, he's not to go to school." So I took him home to the mother and explained to him that he could not go to school. And in those days, I don't think we had home teachers. But he was in the home. And eventually he had to be sent to Honolulu to the Kalihi Receiving Station, where the children were placed.

And then the other case which was very interesting—the Hawaiians know when you have leprosy. They've been exposed to it so much. One of the teachers said to me, "Would you please follow up on this student who's been out of school for one month."

I knew he had a brother, so I called the brother to my health room, and I said, "How is your brother?"

He said, "Oh, he's going to Honolulu."

I said, "Oh, what happened?"

"Well, he's not too well." He said, "He's still home, but he's going pretty soon."

So immediately I went to the home. I knew where they lived. When I went to the home, I said, "May I see so-and-so," her son.

She said, "Oh, he went to Honolulu."

I said, "I have talked to your other son, and he said he's still here. He's planning to go, but he hasn't gone. May I see him please?"

She hesitated for a while, and she said, "You won't report him, will you?"

I said, "That I cannot answer, because I haven't seen him."

And so she brought him out, and he did have the nodules. And he lost so much weight. I said, "What have you been doing to him?" Because I used to keep track of students' health record, the weight chart.

And she said, "I've been giving him epsom salt, to clean him up." I think she knew what he had, because the lesions were so obvious. And she said, "Please don't report him."

And I said, "As a nurse, I have to report any communicable disease. I have to report. I'm not going to lie to you." And I didn't tell her what further I was going to do, but I had to report it.

I left her and went to the government physician, and I told him what I had found. He got in my car and we went to the home, which was quite a distance, from Lahaina to Olowalu. And when we got there, they were gone. And we saw what you call a *luna*—plantation *luna*—and we asked him, "Where do you think the family goes if they leave the house?"

(He) said, "They go to Lahaina to the prison house."

See, there is an old prison house right in Lahaina where a family was living, a Hawaiian family. So I drove the doctor to this old prison house, which is right across from Kam[ehameha] III School, where he was a student. And then we went in. And Dr. [William] Dunn was a gruff doctor. He said, "Where is the boy?"

The family got frightened, and finally they brought him out. He looked at him, and he said, "Definitely. He has lesions." We put him in the car and took him to the hospital. And the doctor---he was a plantation physician and government physician. So we took him in, and he took a slide of the secretion from his nostrils. And they looked for Hansen's bacillus. And I don't know whether they found it or not, but he said, "We better isolate him."

And I think I took him back to the prison, but he couldn't go to school anymore. Eventually

we had to send him to Honolulu also. And there was a history of leprosy in that family. And there were quite a number of families with leprosy there. And we used to have a clinic where Dr. [Edwin] Chung-Hoon used to come every so often and conduct a clinic. We would arrange for the contacts to come to a certain location so he could examine them. And he was the most wonderful doctor I have ever worked with. He was so sensitive to the patients. You know, (when) he was examining a young girl before puberty, he would say to me, "Please cover her well. Don't expose her." He was so wonderful. You don't find that kind of doctor.

JR: He was a Honolulu doctor who came over there?

HK: Yeah. Dr. Chung-Hoon was a specialist in leprosy, and he used to come. He was a private practitioner also. And he came to the [neighbor] islands every so often to conduct a clinic. I always enjoyed working with him because he was so wonderful, so sensitive of patients. And they all adored him. He was a good-looking young man. And his whole family was that way. I met his father—perfect gentleman. I had an occasion to talk to him about someone, and he was such a gentleman. I said, "No wonder his son . . ." And there were other children that I had contact with. It's wonderful when you have a doctor like that to work with.

And then another case that I had—this was most unusual—it was a little girl who had a lesion on her face. And the principal of the school was part-Hawaiian. And she says, "Miss Kuwamoto, I think there's something wrong with that lesion."

And there was a history of leprosy in that family, I knew, so I referred her to the doctor. And the doctor said, "Oh, that's ringworm."

But the teachers were not satisfied, so I went to the home. And I thought I would do the test which Dr. [Newton] Wayson and Dr. Chung-Hoon taught us. And so I went to the home, and I used what they call a pin test. You get a sharp pin and poke there and find out whether they feel it or not. And then do another place, and if they felt it—there's no feeling in the lesion.

JR: Oh, okay.

HK: Another test was a heated spoon—heat. I heated up a spoon and put it on a non-infected area. [The person would] say, "Oh yeah, it's warm." And when I put it up (on the lesion), she didn't feel anything. So I knew there was something there, you know, which was one of the tests we were told to try out. But then rumor went out that, "The nurse poked my daughter with a pin."

(Laughter)

HK: And then the word got out to the Hawaiian community there that the doctor was not giving the right diagnosis. It went to the father of an assistant doctor, Dr. [James] Fleming. Mr. [David] Fleming was the head of the Lahaina Pineapple [i.e., Baldwin Packers]. Finally the son had to do something, so the son came and examined her. Finally they decided, "Very suspicious of Hansen's disease." So we had to isolate her. And that's all she had here.

JR: Was a small mark on her cheek.

HK: Sort of ring, ringworm. But because of the history of the family, they felt something should be followed up. And finally, I think positive diagnosis was established—from that lesion or whatever—so we had to send her to Honolulu. But the teachers know, especially if you let them know these things. Now they say everything has to be confidential. But I feel we should utilize the intelligent teachers. They will keep it confidential. And that way we can all work together. And even when we had syphilis, I put that on the card. Because the card is for the teacher and for me to look at and do whatever work we needed to do.

JR: You know, from visiting Kalaupapa and watching that documentary you were mentioning earlier, it was very traumatic for people to have to be isolated or sent there.

HK: Oh yeah.

JR: That must have made your job difficult.

HK: Yeah, but I think it depends. Like these three cases, I didn't feel that it was difficult if you're honest and explain to them that it's a communicable disease. I always have faith in people. Even with syphilis, they say, "Oh, the people shun you" and this and that. I never felt that way, because I didn't [shun them]. I felt that this was a communicable disease which has to be handled as such. And even with tuberculosis. You know, Japanese people are very anti-tuberculosis. And so when I would go into the homes and talk to them—when we had this mass tuberculin testing program from kindergarten through high school, we found many with positive tuberculin. X-rays showed that they had developed minor lesions, so they had to go to Kula [Sanatorium]. And even with that, people accepted all what we're doing—I think we must have done a good educational program—that this was a case finding and, when you go to Kula and get proper treatment, you're going to come home and continue on. Because we had several high school students who had to be sent. But fortunately it was very early, so they didn't stay there too long. And I remember every time I went to Lahaina, some of these students would see me in the community. And they would come to me, and they'd say how fortunate they were that I was there to pick them up before they became advanced cases. So at least they know that it's a—well, not a cure, but you arrest it.

And even with the Japanese people, with the older families who hated to be told, "You have tuberculosis now," we found that with proper approach. . . . I remember one family. The father was found to have tuberculosis, and he had to be sent up to Kula. I had a social worker I worked with, and I just learned that she had passed away. She and I used to go in the home, and she said to the family, "You've been paying taxes all these years. And now when you're sick, you're tax money is helping you to go to the hospital and get cured. Doesn't cost you anything. And you're going to come back. This was an insurance you have paid for. You're entitled to stay up there." And I think that family really accepted it, instead of being shamed.

END OF SIDE TWO

TAPE NO. 22-22-1-92; SIDE ONE

HK: They had moved to Honolulu, and out of a clear sky I happened to meet them. And they

remembered me. And I inquired and they said, "Oh, my husband is out now. He is okay." The family had moved out from the pineapple plantation to here. And very happy, instead of begrudging me for having put them there. And so I find if our own attitude is such that we are helping them and we can share this with them, people are very good about accepting.

Even among our Hawaiians, I used to do things. For example—oh, this was a Chinese man. I used to visit the home. This wasn't the family I was visiting, but I saw this man sitting on the veranda on a rocking chair, coughing and spitting. And there was a puddle of sputum there. And I used to carry sputum boxes.

JR: What kind of boxes?

HK: Sputum boxes.

JR: What is that?

HK: To collect the sputum.

JR: Oh, oh.

HK: I said, "Oh, you have plenty of that. You want to put some inside my box? I'll take it to the hospital. I'll look to see what causes your sputum to come out."

And he said, "Okay." So he puts the sputum in my box, and I would take it to the hospital. And for a while in Lahaina there was nothing for me to do (in the evening). After I learned in the bacteriology course and all what you can do, I borrowed the microscope. I have it at the hospital. They allowed. In the evening I would go over there and make a slide. And this particular slide that I made was full of tubercula bacilli. He was an active tuberculosis (case). So after I did that I asked the technician the next morning, I said, "I left some sputum in your refrigerator. Please check on it. I found a lot of tubercula bacilli on it." And so she did, and it was full of (TB). And so he was an active, active tuberculosis case. Just imagine, the sputum over there and the germs flying all over the place. And he was not one of my cases. This is what we call a case finding.

JR: Yeah, you just stumbled across him.

HK: Yeah. And then Dr. Dunn, with the positive evidence of tuberculosis, we arranged for him to be admitted to Kula, to be isolated, so he wouldn't be passing (on the disease). And then we had to get the entire family brought in and tuberculin tested and x-rayed.

JR: Oh boy.

HK: So you find new cases. And then I remember we had another woman. We were able to get her into the clinic. I forgot how it was I was able to. A pure Hawaiian woman. They resist and all, but I said, "It's good for you to have an x-ray taken. I can arrange for you." And we found she was an advance tuberculosis (case). (There was) a little baby (with her). (The mother was) coughing and skinny, and the baby (was) scrawny. It's easier to (examine) the mother, because we can't tuberculin test the baby. If we did that we would have found right

away. But if the mother doesn't give us permission—whereas the mother, we can talk to her to go in for an x-ray. And I don't know how long—whether the child lived or we had to put both of them into the hospital. So in the early days of my public health nursing, there was so much case finding you could do if you were alert.

JR: Yeah, yeah. Like detective work.

HK: Yeah, detective. And to be aware of the symptoms of the people. And then, knowing the history of contacts and so on. To me, it was the most wonderful experience I had. I also learned—once we had a [fifteen-year-old]. The teacher said she was pregnant, so please visit the home. I saw the girl, she didn't look pregnant to me. Greenhorn nurse can't tell a pregnant teenager from another!

(Laughter)

HK: And so I went to the home, and I said to the mother, "The teachers think your daughter is expecting, is pregnant. What do you think about it?"

And she said, "Yeah, she told me she was." And she was a juvenile court ward.

JR: The mother?

HK: No, the girl was. Because the mother was a divorcee, or I don't know how she became a ward of the court.

JR: Oh, I see.

HK: I said, "Do you know the father?"

She said, "Yeah."

Every Friday or Saturday I used to go to (Wailuku), so I made arrangements to take them in my car to (Wailuku). I said, "If the father wants to go, it's okay. He can come." Greenhorn nurse, you know, not knowing the legal aspect of the case. So when I went to the school, I said, "I have followed this case up, and on"—let's see, Friday or Saturday I was going to take both the father of the child, the grandmother-to-be, and the mother to the juvenile ward clerk.

And the principal said to me, "Harriet, do you know what you're doing?"

I said, "Well, the father wants to go."

He says, "This girl is only fifteen. Sex under sixteen is a criminal act, so you're getting involved."

When the time came for me to pick him up, I said, "I don't think you need to go. You can stay home. I'll take the mother and the girl, and you can come and see her later."

He said, "No. Me father, I go." What can I do?

(Laughter)

JR: What did you do?

HK: I put him in the car, and we went. And what I told him was, "I'm dropping you off here on the street, and the court is right there, so you all go in there." I did not take them in. And then I went to our office, because we had to come in once a week. I went to the office, and I thought, "Oh boy, what are they going to do to the man?" But they were quite lenient with him, because he had been a good man and he was willing to accept himself as a father and so on. And so they didn't charge the criminal act on him. And the plantation vouched for him, that he was a good plantation worker and so on. And of course, in those days they didn't have these shyster lawyers . . .

(Laughter)

HK: . . . getting after me and what have you. Anyway, the girl was put into another home, away from the mother. And when the baby was born, the grandmother took the child. The father of the child used to bring the baby to my child health conference. I used to worry. I'd say, "Oh, maybe I better leave Lahaina, because he might come with a knife and kill me." But it turned out beautifully. He was a good father. So that was my experience. And I thought, oh boy, I'm having a liberal education here.

JR: Well, you were fresh out of school at that time.

HK: Yeah. And then we had no legal guidance. Now they have, in the health department, all the lawyers and what have you. So anyway, the Lord always watches me. (Laughs)

JR: Maybe we should just back up a little so we can catch up. I mean, I think we kind of skipped over some years. You graduated in '28 from McKinley.

HK: Um hmm [yes].

JR: And then you went to the Mainland at that point.

HK: Yeah, after the summer.

JR: How did that come about? Why did you choose to go there?

HK: Well, being an Episcopalian, and that was an Episcopal hospital. And this friend of mine was also going there. We were both from St. Mark's. So since she was going, I said I'll go over there. I didn't want to go to Queen's [Hospital]. So that's how it came about that we went to St. Luke's [Hospital]. And there's an interesting experience. On the way to St. Luke's, we were on the SS *Sierra*. It was a little tub. It belonged to a Canadian company, I think. And that afternoon, when the man came to take my trunk to (deliver) it to the pier, they put my trunk on SS *President*, which went to Japan. We left at midnight. And before I went on the ship, I said, "We better check our trunk." There was no trunk for me. And so I said, "I'm

not going to stay back, I'm going anyway." I had a suitcase (with) a few clothes. I borrowed my sister's thin coat. You know how cold San Francisco (gets).

JR: Yeah.

HK: Fortunately, I was seasick most of the way.

(Laughter)

HK: So anyway, during our voyage there was radiogram going back and forth. Finally my trunk (was located) on the ship (on its way to Japan). (I was informed that) the company will (pay for my new clothes). And foolishly, this friend of mine who went with me from St. Mark's (had) put her coat in my trunk (also). And so my coat and her coat were in my trunk which was (on its way to) Japan. (The student nurse from Honolulu who met us at the pier in San Francisco took both of us to a dress shop to buy the coats and dresses we needed. We both bought coats with a little fur.) I said, "We should have bought a fur coat!"

(Laughter)

JR: They're paying!

HK: But we didn't do that. We bought a coat, which was much better than the one in the trunk, and we bought a few dresses. Then we sent the bill back, and they paid for it. And the trunk came to me a month later.

JR: Now, you hadn't been to the Mainland prior to that, had you?

HK: No, that was my first experience.

JR: How was that? It must have been very different.

HK: Well, fortunately we had a student nurse from here who met us, who helped us to get to St. Luke's Hospital. She was like our big sister. She met us and took us there, and then took us to the store to buy all the things we needed. And it was cold and all, but it was quite an experience for me. And the way we were dressed, with the hat on. And I always say I must have looked like a real country jack, because I wore my sister's light coat, old-fashioned coat. But didn't care, I got a new coat.

JR: That was in the fall?

HK: In late August.

JR: Of '28.

HK: Yeah, '28. And it gets awfully foggy. San Francisco is always cold. You have to have a coat. Otherwise, you can't get around. And gloves, and hat. (Chuckles)

JR: Did you have a dormitory?

HK: Oh yeah, we had a beautiful nurses' home. And there were two of us in each room. See, by staying in the nurses' home, it didn't cost us anything. And they gave us five dollars a month spending money.

JR: Was there a tuition you had to pay?

HK: Yeah, there was a small tuition which we had to pay when we registered to enter. But once we were there, we were paid five dollars a month. Big money. But many times, most of the money was (taken to pay for broken syringes). (When) we would break a syringe, they'd take it out of our five dollars.

JR: They docked your pay.

HK: Yeah, docked our pay. Sometimes we had very little, but even a few dollars helped a lot. And I don't know how much I took, just a few dollars. And my family used to send me a little bit, because they couldn't afford too much. But as long you are having three meals a day and a roof over your head, you don't need much.

JR: And you stayed in that school for a couple years?

HK: Yeah, from August 1928 to end of December 1930. But they asked me to stay in the dormitory, because the classmate of mine who went with me had developed tuberculosis. They wanted me to take care of her. Oh, she had a bad case of tuberculosis. And it was such a shame. She developed tuberculosis before the year was up. They took an x-ray. They never took an x-ray of us before we went in training. If they had taken an x-ray, they would have known. She came from a very strong tuberculous family. And they would have found that she had already a lesion. In April 1929, she had to leave the hospital to go to a rest home. And when she came back in the fall, we told her, "Rose, maybe with your condition probably you should go home." You know, instead of staying in nursing.

But she said, "No, I'm going to continue on." They allowed her to go on. And then the following year—that was 1930, I think—she had to also leave for a while. And then in December, we had a party in our room. The following morning they found her room just full of blood. She had vomited blood. It shows how carefully they were following us. They had never followed her after she came back from the rest cure. And so the roommate called the nursing office, and then they rushed her to the hospital. And then they called me early in the morning to come to the office, because they wanted to know how to notify the family. And so I explained to them who the family was and so forth and so on. And they asked me if I would stay with her. By that time I had finished all my courses, so I was graduated. I stayed with her, I think, (for) a couple of weeks or so.

But this was really a sad situation. (She) stayed in the hospital, (and I was allowed to remain in the nurses' dormitory). She never finished (her training). When she was (able) to come home, (she was transported to the ship by) ambulance. (When the ship arrived in Honolulu, she was transported) straight to Lē'ahi [Hospital] and never left Lē'ahi. She died up there. If she had come home and got proper care, rested, probably she would be okay. She was such a brilliant girl. It was really sad for us to lose her. But such is life. She had very little nursing. She was so anxious to finish that sometimes she lied about her weight. We knew she was

losing weight, but she would put the wrong weight. The school didn't follow up too much. Very pathetic.

And then I left there to live with (the sister of) a friend of mine. (She) had a lovely home in the Mission area. I worked a little (while) until I went to Children's Hospital.

So that's our training. Anything further?

JR: Well, how do you feel? Do you want to break for today?

HK: Okay.

JR: Maybe we can pick it up next time.

END OF INTERVIEW

Tape Nos. 22-23-2-92 and 22-24-2-92

ORAL HISTORY INTERVIEW

with

Harriet Kuwamoto (HK)

April 1, 1992

Kaimukī, O'ahu

BY: Joe Rossi (JR)

JR: This is the continuation of an interview with Harriet Kuwamoto. It's taking place in her Kaimukī home on April 1, 1992. The interviewer is Joe Rossi.

Miss Kuwamoto, I think when we left off at the last interview you had just finished your schoolwork at St. Luke's in San Francisco. What happened after that?

HK: Well, after working a couple of months, I went to Children's Hospital in San Francisco for eight months postgraduate course. Then I worked for a few months (at St. Luke's Hospital to earn) enough money to come home. (I took the California State Board examination and returned) home in February 1932 (on the SS *Malolo*). (There were only sixty-four passengers, so most of us had a private stateroom.)

JR: What were you studying in your postgraduate work?

HK: Pediatrics and obstetrics. The purpose of my going (then) was to (earn) a three-year (diploma). At St. Luke's we were in school (for) only (two years and four) months. (If a nurse) wanted to go (into a) university program, I think a three-year diploma (was required). I applied at University of California and (was rejected because I lacked certain required courses).

JR: Now, you were in San Francisco for three years total?

HK: A little over three years.

JR: How did you like living there?

HK: Oh, I enjoyed the climate. Cold weather (is so invigorating). (Wearing a coat, gloves, and hat on whenever I left the house was an experience.)

JR: Did you experience any adjustment problems when you first went up there?

HK: No. Because we were in a nursing school, we lived in the dormitory. And we had (different groups) of students. From Hawai'i, (there were) two Japanese, one Korean, one Chinese, and

one part-Hawaiian. The rest of the students (in my class) were all Caucasians. They were from all over the United States. (There was a Caucasian student who had lived) in Korea, (so) she became friendly with our Korean student nurse. And they (talked about) *kim chee*. She (said she) was so hungry for *kim chee*. (Our) Korean student nurse knew some Korean (friends in San Francisco), so she was able to get the *kim chee* and brought it to the dormitory. Once, a bottle (of *kim chee*) came through the nurse's office, and it must have spilled. (The office staff) wondered what in the world it was. (The Korean student nurse) was asked to (report) to the office and take (it) away. It was (a bottle of) the *kim chee*. I had never tasted *kim chee* before.

JR: Oh yeah?

HK: Yeah, because I didn't know any Korean friends.

JR: Oh, when you were growing up?

HK: Yeah, when I was (a student at) McKinley High School. I never heard of *kim chee*. I tried it (for the first time when it was offered to me in San Francisco), and oh, was it hot. I had to wash it [down] every time that (I) ate.

JR: Did you like it though?

HK: Well, after you wash it, it's mild. I don't (care for) it too much. I don't care for hot (food).

JR: Did you find any friends outside the group that you arrived with?

HK: Well, you mean outside of the nursing school?

JR: Well, you mentioned that there was a group of local students that were up there studying, and then there were mostly Caucasian . . .

HK: There was another Chinese (student) who was a senior. She had developed tuberculosis, so she was confined to the hospital, I remember. There (were) a couple of other (Chinese students), one from (Honolulu) and the other a Mainland Chinese. All the rest were Caucasian. And I think we had one Indian girl. She didn't look like an Indian, she looked like a Caucasian. She said she was from an Indian reservation.

JR: When your three years were up were you looking forward to coming back to Hawai'i?

HK: Oh yeah. I didn't intend to stay there, since I couldn't (enter the University of California) for the public health nursing (course). (After passing the California State Board examination for nurses, I applied for a license to work in Hawai'i. Since 1932 was depression year in Honolulu), there was hardly any work, so I did private-duty nursing.

JR: What is that?

HK: Taking care of one patient. And we worked from six to six, long hours. Six dollars for the twelve hours. I didn't care for (this) type of nursing. I did (only) night duty. (Experienced)

private-duty nurses worked during the day. (I didn't enjoy night duty because most patients required so little nursing care.)

JR: So it was 6:00 P.M. to 6:00 A.M.?

HK: Yeah. Twelve-hour shift, long hours. When I (worked) in San Francisco to (earn enough) to come home, we had what (was called) group nursing. We had four patients who needed care continuously. We worked eight hours then, and I think we (were paid) only (ninety dollars a month). By the time you (finished the eight-hour shift), you were just worn out (from) taking care of four very sick patients. You were constantly (moving) from one patient to the next. We call that group nursing. And that was good experience.

JR: What was it about the field of public health nursing that attracted you?

HK: Well, we had a school nurse coming (to) St. Mary's when I was (a student there). They called them Pālama (visiting nurses). Pālama Settlement had a group of nurses who (did) home deliveries and (went) to schools, to take care of our impetigo and runny nose and what have you. So we were exposed to these Pālama nurses. (At the school of nursing, we learned all about the different types of nursing available to us a graduate nurses. I was attracted to the community aspect of nursing.)

JR: So then . . .

HK: See, I (came) home in February (1932), and in September (I applied for the second public health nursing certificate course and was accepted). We had quite a varied group (of) nine nurses. We had two Japanese nurses, (one a graduate of Queen's Hospital and the other from St. Luke's Hospital). (We also had) one Filipino nurse who had come from the Philippines. She was on her way to Columbia [University] and got (stranded) over here. We had a Chinese nurse (who graduated from St. Luke's) and a couple of *Haole* nurses—nurses who had been doing public health nursing but wanted to (become certified public health nurses). And who else? A Samoan-*Haole*. She was born in Samoa. Her father was in the Navy, married a Samoan, and (then the family) moved here. We had quite a mixture. (Another student was half Japanese, an American born in Japan who also graduated from St. Luke's Hospital.)

JR: Do you remember any of your teachers back then?

HK: We had Miss (Amy) McOwen, who was the director of public health nursing at Pālama Settlement. And after she left (Pālama) she became the director of public health nursing (at the University of Hawai'i). I forgot some of the other (instructors). I think Miss [Amy] McOwen was the director of nurses when I was there. Thea Floyd was (another instructor) in public health (nursing), teaching the course at the university. (Dr. Carey Miller, a professor at the university, taught us nutrition. A marvelous teacher, but she's gone now.) When we (did) fieldwork (during the second semester, nursing) supervisors at the health department (were our instructors). The first semester was all academic, (except for limited home visits), but second semester we were out in the field. And my practice area was at Watertown, which is now Hickam Field.

JR: What were you doing there?

HK: Well, (our) field experience (in) generalized (public health nursing). (This included) child health conference, mothers' clinic, tuberculosis clinic, and school (nursing). (At the) mothers' clinic, pregnant mothers in that small area (were examined by) the obstetrician. The doctor (came to the patient, and) we assisted the doctor. Pregnant women who didn't have any medical (service were invited) to the clinic. It (was) a wonderful program, (bringing medical service to them). (Newborn) babies (and preschool children attended the child health conference, which was staffed by a pediatrician who examined the attendees). (The children were given) all the immunization they needed. And the tuberculosis (clinic was conducted) the same way. The doctor would come in, examine them. If an x-ray (was ordered, patients were sent to) the x-ray department (of the health department). Service was brought to the people.

JR: Now, were you paid for that kind of work that you did?

HK: Oh no, this was part of the (nine months') certificate course. This (made us) knowledgeable (of) the different (areas of) generalized (public health nursing) services that we would be carrying out as we went into the community.

JR: Was there military living there at the time?

HK: No, no, no. This was not a military base. (It was a small community.) There was a small school, maybe about three room, and a little clinic room where we conducted (the clinic activities). We brought the services to the people. Because I didn't drive, my supervisor from the public health nursing field who supervised (my) fieldwork (drove me) there. And (I) would stay there until (my day's) work was finished, (and then she would drive me to the main office).

(We took one course in social work at the university during the second semester.) We were very fortunate to have a wonderful social work (instructor). As we went out into the field after we graduated, we had some knowledge of what the social workers did. We were sort of social worker-public health nurses until social workers (were employed by) the government. On Maui, for example, they had a social service department, but didn't have enough (workers). So we did part of the social work. And (when a) social worker (was assigned to a district), we worked (very closely) with them.

I feel that (the social work) made (me aware of) the needs of the people in the community, (both health and social problems). I enjoyed my nursing (in Lahaina), because (I was carrying on both) public health nursing and some social work to help the family. When (the social problem) was too much (to be handled by me, I) would bring in the social worker. That way, it relieved her in doing the minor social work. She directed us how (to) handle it further, so we can do the work for her, more or less, for the benefit of the family.

JR: Were you comfortable from the start going out and visiting homes or doing that kind of fieldwork?

HK: Oh yeah, because when we were doing fieldwork we were already exposed to it. I think in the first semester we also had some fieldwork too. (There were many home deliveries at the time.) I remember going to Kaka'ako when we were doing maternity visits—always with a supervisor. (There were) Filipino men married to Hawaiians. I (found) the Filipino men

(very) attentive. (On my visits to one particular home) to give a bath to the baby, he would have the water ready for (the bath). I always used to say, "Oh, these Filipino men make good husbands." But (there were not) very many women to get married to, you know.

JR: Sure. It was mostly men working on the plantations.

HK: Yeah. So once they found a woman and got married and had children, my gosh, they were the best husbands and the best fathers.

(Laughter)

JR: They were very appreciative.

HK: Yeah, yeah. So the fieldwork (we) had was, I think, very helpful for us to be prepared to go into the community.

JR: Okay. And then you finished the university . . .

HK: First, I had two months (assignment in Honolulu), just sort of a relief nurse. (I acquired my driver's license shortly after I became a relief nurse. What an accomplishment.) And then I went to Hawai'i for two months. Let's see, June and July [on O'ahu], August and September [on] Hawai'i, and then I went to Maui in October (on a permanent position). And I was there for four years, from October '33 to '37. (I felt I needed a change of district to Honolulu.)

JR: Were you looking for a full-time appointment during that period when you were working . . .

HK: No, (I was already on a permanent position). There were (many public health nursing) positions available. We were very lucky at the time. We were in demand, so the position was right there for us to walk into.

JR: So when you graduated, then you started working for the state?

HK: Yeah, right away. And I worked for thirty-six years, a long time. But I was very fortunate, I always say, because I had so many different types of public health nursing. I didn't do just one kind of work. I did four years of generalized (nursing) program.

JR: That was in Lahaina.

HK: Yeah. And what an experience, greenhorn nurse going over there.

JR: Had you been to Maui prior to that?

HK: Yeah. When I came back from the Mainland in February '32, a (classmate) of mine on Maui said, "Harriet, come on over to Maui and stay with me." She was working at Kula, the TB sanatorium. And so I said okay. This was before I started my (public health) nursing (course at the University of Hawai'i). I went there and stayed up at Kula. (The doctors) were doing all kinds of (chest) surgery, (and) they were so advanced. They removed part of the lung

which was diseased. Of course, they [i.e., the patients undergoing such treatment] had more advanced tuberculosis then. (I was given permission to observe during surgery.) I stayed at the hospital in (the nurses' cottage with my classmate). (On this visit to Maui), I was fortunate to go (into) Haleakalā Crater.

JR: Did you walk down or ride?

HK: Ride the mule. My first experience on horse(back), going down and coming up.

JR: You mentioned they had a sanatorium there for tuberculosis patients.

HK: Yeah, Kula Sanatorium. This was way back in '32. They started long before, so we were quite advanced in (the treatment of) tuberculosis.

JR: What kind of facility was that?

HK: Well, it was a (tuberculosis) hospital. Most of the buildings were (wooden) bungalows. They had a hospital, and I forgot when (a new one was built). (I was still working in Lahaina at the time.) When patients were convalescing, they stayed in either a private (cottage) or a bungalow with several patients, just like the way they (did) at Lē'ahi [Hospital] (in Honolulu).

JR: Was this mainly for people . . .

HK: Tuberculosis (cases only).

JR: From Maui, though . . .

HK: Yeah, mostly from Maui.

JR: . . . or from other areas?

HK: No. (However), I remember there was a very prominent woman from (Honolulu) who was there when I (visited Kula) that summer. I (also) remember there was a Japanese judge's wife. See, (in those days, people) were still very prejudiced toward tuberculosis and didn't want it to be known they had tuberculosis. (Kula) was a beautiful place, way up in the mountains. I wish I had bought a piece of property so I could build a home and (live) there. Oh, the climate was just wonderful. (It reminded me of) San Francisco (weather), children with the rosy cheeks.

JR: That was a private hospital?

HK: No, it was a county (hospital).

JR: A county?

HK: Yeah, county, (which included Maui, Moloka'i, and Lāna'i). And (there was) what they called a preventorium. (Underweight) children or contacts of tuberculous parents were (sent there as a preventive measure to increase their weight) through a rest regime. Can you

imagine? (Maui) already had a sanatorium. I think each island had one—Kaua'i, Hawai'i, and then, of course, we had Lē'ahi over here (on O'ahu). You've heard of Lē'ahi Hospital.

Dr. [Howard] Chamberlin, who was (at Kula) in '32, was quite a surgeon, (way ahead of his time). He did a lot of surgery of the lungs. They even did what they call pneumothorax, putting the needle between the pleura and collapsing the lung to help the lung from not working too much. And if they're too advanced, I think they (did) pneumonectomy—a portion of the lungs (is removed). That was a long time ago to be doing all that.

JR: Would you actually participate, or witness the surgery?

HK: Yeah, I just observed. Since I was a nurse, the nurse who invited me there asked the surgeon if I could go into the surgery and stand by as a dummy nurse. (Chuckles) Usually, if you're a nurse they're pretty good about letting you. I was interested in knowing just what (the surgery involved). I did the same thing when I went to Cincinnati, but probably I'll tell you (about that) later on.

JR: When did you go there?

HK: See, I took six weeks vacation in 1960. And the purpose of my visit there was a two-weeks' course in cardiac nursing at St. Louis University. And this was six-weeks' vacation trip, so I could do anything I wanted—flitted here (and) flitted there. I was interested in cardiac nursing. One of the doctors here—a pediatrician (with the health department)—was from Cincinnati General Children's Hospital, so she said, "Harriet, when you go (to Cincinnati, visit) the children's hospital."

I said, "Okay, I'll go in."

(In Cincinnati, I stayed at the YWCA [Young Women's Christian Association] and visited the famous zoo.) I inquired about the children's heart clinic and (was told) when it was to be held. So I went there, and I asked the doctor (at the cardiac clinic) if I may observe. This doctor was from Africa, and he thought I was a doctor. He said, "Would you like to listen to the heart?"

And I said, "No, I'm only a nurse, so I don't know what I would be listening to."

He was very helpful in explaining the cases. This was a rheumatic fever clinic. He (told me that a) cardiac catheterization (was being performed) in the afternoon at one o'clock. He said, "Would you like to observe?"

I said, "Yes, I heard about it, but never observed (the procedure)."

At one o'clock, I went upstairs. I saw some (an) orderly, so I said, "I came to observe here. May I have a gown and a mask?" (He referred me to the supply room and told me to help myself.) When the doctors (arrived), I introduced myself to the cardiologist. And I can never forget—I told (him) who I was. I said, "I'm Harriet Kuwamoto on vacation from Honolulu health department, and I'm interested in cardiac nursing. And I was told that you are having cardiac catheterization, so I'd like to observe."

(He) said, "Oh yes, we are happy to have you." So, with the gown and all, I walked in (to the operating room). And there was a sixteen-year-old boy. They started about one o'clock. A sixteen-year-old boy who had rheumatic heart condition, I think. They wanted to go in and find out how damaged (his heart) was. It took from one o'clock to about four o'clock. And there were nurses and scrub nurses and interns and all. And I was there. When there's so many people, there is much to be done—move the table, move around—so I was helping them. I was not aware the doctor was observing. And he was the kindest man I ever (met). He would tell the boy, "Now, I don't want you to groan if you're not in pain. If you're in pain, let us know so we can give you something." Because when (the tube) goes in, you're going to feel it. He was so thoughtful and kind to the young fellow. (When the catheter was inserted with the dye), there's electrocardiogram and x-rays going on (continuously). (This is a) diagnostic (procedure).

After it was all through, I thanked him for allowing me to be there. And he said, "Well, thank you very much for helping us, Miss Kuwamoto." And I almost died. He remembered my name! He was Dr. McDonald, I think. You know, Japanese names are hard, but he remembered mine.

(Laughter)

JR: And most people here get your name wrong!

HK: Yeah, but he remembered. No wonder he's such a wonderful cardiac surgeon. So that was quite an experience in 1960. I take advantage of anything I can find.

JR: Yeah, yeah. I guess inquisitive would be the word.

HK: Yeah. If people say (visit) there, I go there. I (visited) another rheumatic clinic, (which was just routine). (Then I moved on to St. Louis to attend a cardiac nursing workshop at St. Louis University. I went to the YWCA there, but no rooms were available for a few days. I left most of my baggage there and moved on to Springfield, Illinois for the weekend). (I registered at a hotel in Springfield, then) I got on the bus and (rode to) the address that I had. I walked down the street and I inquired about the people, (only to learn that the family had gone on a vacation). This was the only Japanese family in Springfield. Well, I visited some place and I signed (the guest book). So it came out in the paper that a Harriet Kuwamoto from Hawai'i visited this particular place.

JR: You mean in the newspaper?

HK: (When my friend returned home from vacation, she read of my visit) in the newspaper. I didn't put down my address, the YWCA in St. Louis, so (it wasn't until I returned home weeks later that I learned that) she had left a note (for me with a neighbor, whom I missed). (I could have stayed at her home for the weekend.) But I missed all of that.

JR: You had your signals crossed or something.

HK: Yeah. And of course, I should have written. I never write, that's my problem. So they never know when I'm coming. I never telephone. If I had written—well, they were already gone. I

should have written, (giving) my itinerary. But I wouldn't have known that YWCA didn't have a room for me.

JR: It's hindsight now, yeah?

HK: That was quite an experience. (On the last day of our cardiac nursing course, students honored the instructor with red carnation leis, which I strung.) After I left St. Louis—after the course—that's when I had problems with the airplanes.

JR: What airplanes?

HK: Well, after I left St. Louis, I was going to visit my sister in Utah. (Because of a severe flood), communications were shut off. When I got to Kansas City—from St. Louis—the plane I was scheduled to go (on had) left. And there (were) no planes (leaving the airport). I couldn't call my sister. We just stayed at the airport.

JR: Oh yeah?

HK: And (there was) hardly any food left, because this was a small airport. (Then) finally late at night, (there was space for me on a commuter) plane that was going to Denver that delivered mail, bread, and what have you. I (arrived in) Denver in the middle of the night. (I found a space) on the plane to Salt Lake [City]. When I (arrived at Salt Lake City Airport), it was in the wee hours (of) the morning. I didn't have a phone number for my sister, so I slept at the airport.

(Laughter)

JR: You felt safe though?

HK: Oh yeah, I always feel they'll protect me. (When) I got up in the morning, (I cleaned myself up and) got on the bus. I said, "Please take me to Layton, Utah." When I got off the bus it was Sunday morning. Everything was closed, nobody was around.

(I met a man who) was the mailman. When I said the family I'm looking for is my sister, the Yamane family, he said, "Oh, the Yamane family." You know the way they pronounce it—Yam-un-ee.

(Laughter)

HK: And he says, "I'll get a taxi for you." The taxi took me to my sister (without any difficulty).

It was about 8:30 in the morning. And (she) said, "Just like you—don't even call." (She had been to the airport the previous day from about mid-afternoon until the evening.)

I said, "I couldn't call you because the telephone and (other means of communication were shut down) because of the flood."

She had a farm (in Utah). String beans (were ready to be harvested, so I helped picking them

several days). (Her) neighbor called (when I was there to come pick the) excess cherries. Oh, was I glad to go there with a bucket (and pick) those great big bing cherries. (They were so sweet.)

JR: Yeah, you don't get those over here.

HK: No, no. It's so expensive. I spent (about a week) there, and then moved on for (the rest of) my six weeks' vacation.

JR: So, I think we were still on Maui, talking about the . . .

HK: About the work I did (on Maui during the) four years. And I think I mentioned the mass tuberculin testing program—I think it must have been about late '36 or early '37—for (the) entire school population (of) the island. Nurses came from different districts to help, and (I also) went over to their districts to help. All male (and female) plantation workers were x-rayed. When you think of it, it's a wonderful case finding-method for finding tuberculosis. Tuberculosis was still quite prevalent in those days, and, as I mentioned before, we found quite a number of high school students—Lahainaluna (High School) students—who had early tuberculosis. They were all (admitted) to Kula (Sanatorium). They didn't stay (there) too long, because they were (all) minimal cases. (The) treatment (was) rest regime and good food. Children with positive tuberculin (gave us entry to follow the family members). (Only children were) tuberculin tested. We had (a large) tuberculosis clinic every month. (There was) no (special) x-ray (in Lahaina) in the beginning, so many of (the suspects) had to be taken to Kula. (I provided transportation to the children.) Twenty-five miles from Lahaina to Wailuku to Kula—fifty miles [round trip].

JR: Oh wow.

HK: It was really something. I thought I was going around the world.

(Laughter)

HK: In an old crate. And then being such a dummy about cars, I had no idea that you put water in the car.

JR: The radiator.

HK: Yeah. I used to take (the car in to be serviced regularly). (I assumed everything was taken care of.) And lo and behold, once, (as) I was coming back (from Kula) after taking the children (there)—I was alone in the car. When I got near Lahaina—Olowalu—oh, the car was so hot. I thought, what is happening to the car? I stopped the car. I saw city and county road workers, so I said, "Could you check my car for me, it's so hot."

And they opened the hood, they almost died. They said, "The car could have exploded, it's so hot. You (have) to sit here until it cools. We cannot put any water or anything." Can you imagine being so dumb?

JR: I bet you never let it happen again after that.

HK: No, no. I always said, "Please check the water." Prior to (this experience), I didn't know much about cars. You know, when you took it in for gasoline, you'd think they would check everything, didn't have to tell them. That was a good lesson. Again, the Lord was with me. The car didn't explode, and there were no children (with me). That would have been terrible.

JR: A disaster.

HK: Disaster is right. (Chuckles) I'd have all kinds of suits.

JR: If you were still around.

HK: Such an experience.

JR: So that was for four years you were on Maui?

HK: This was on Maui.

JR: Yeah, four years on Maui.

HK: Yeah.

JR: Then what happened after that?

HK: After I left Maui?

JR: Yeah.

HK: Then I came and worked at the board of health with Dr. Lee.

JR: Richard Lee?

HK: Yeah. Because there was no position for me in the public health district nursing (office). They did bring me back because I said I'd like to have a transfer, but my transfer did not assure me a position in public health nursing field, so I was put under Dr. Lee in the communicable disease branch. He was (the) chief. At that time, he was writing a paper on venereal disease [VD] history in Hawai'i, so I worked with him in gathering statistics for him. And then at the same time I worked in the VD clinic, because they needed a nurse. I was placed on the federal fund at the time. See, I was on the state fund while I was a public health nurse (in Lahaina). When I was transferred here, (there was) a position (under) federal fund, so I was (assigned) to work with Dr. Lee. That was (October) '37.

JR: Was that the first work you'd done specifically in the area of venereal disease?

HK: Yeah, excepting what I did in Lahaina.

JR: And that was just part of other things that you were doing.

HK: Yeah. I (initiated) a VD clinic (in Lahaina) after we found children with congenital syphilis

(after following) the mother (during pregnancy). And so I was interested in the syphilis program. I was able to (work with) Dr. Lee. At the same time, I (was) assigned to the VD clinic (at) Pālāma Settlement. The doctors (at the VD clinic) were paid by the health department. It was a joint venture in venereal disease control. The clinic was (at Pālāma Settlement, and the medical and nursing staff, except for the male orderly, were paid by the health department).

JR: You mentioned the paper that you were helping Dr. Lee with, about venereal disease in Hawai'i. Was there anything surprising that came out of those studies that you can remember?

HK: No, excepting that we were way ahead of some other places.

JR: Way ahead in what?

HK: Well, we already had a VD clinic. Pālāma Settlement (had a wonderful outpatient clinic covering all types of services for medically indigent patients.

(When the) VD regulation was passed (making VD) reportable, all contacts (of infectious cases had) to be followed. We were doing that in Lahaina before the regulation (was) even (enacted). And once (VD became a reportable disease), the health department (became involved in the contact investigation program). (Infectious VD cases had to be followed).

(I relieved the public health nurse assigned to the VD clinic at Pālāma). (I remained at Pālāma) until '38, when I (was granted a U.S. Public Health Service scholarship under Title VI of the Social Security Act to advance VD nursing education).

JR: And where did you go at that point?

HK: To the University of Pennsylvania. They called it the Institute for the Control of Venereal Disease (in) the dermatology department at the University of Pennsylvania. And that was a three-months' course.

END OF SIDE ONE

SIDE TWO

HK: Where shall I start?

JR: You went to . . .

HK: University of Pennsylvania, under Title VI of Social Security Act stipend. I received \$125 a month. (The scholarship) paid the tuition (at) the university for this course. I forget how much it was. I was fortunate enough to get the stipend for the entire year. Originally I was to be there just for three months, but I requested to be (on leave) from September (1938) to June (1939). I (received) a stipend (of) \$125 (monthly). That was quite a bit of money. I stayed at the boarding home, which cost me only \$40, with three meals a day and room.

And after I finished the three-months' course in (November 1938), I went to Philadelphia VNS [Visiting Nurses Service], a private visiting nurse service (in which) nurses (made home visits to provide) bedside nursing (services). I wanted to have experience in (this) type of nursing. (I was granted leave) to take the course (for one month). It was quite an experience (to travel by) bus or elevated cars (or by boat to make the home visits in the cold month of) December.

In (January 1939) I went to Phipps Institute, a tuberculosis (research) center. I was still interested in what they were doing in tuberculosis work. It was a research center for tuberculosis. They had (chest) clinics (where) patients came in and (were also) followed (at home). (Here) I learned for the first time (the nurses were) segregated—Black nurses and White nurses in different offices. (Patients were segregated also. I was allowed to attend both clinics and make home visits to both White and Black patients.)

JR: At this place?

HK: Phipps Institute. I was there for one month. (I was diagnosed to have) latent tuberculosis (in the follow-up test given to me while I was in my second semester at the University of Pennsylvania).

JR: That you yourself had it?

HK: Yeah, because each one of us who were there had to have a tuberculin test. And I tested positive. Of course, I (had a) positive (tuberculin test before) I left Hawai'i. I was exposed to a classmate at St. Luke's with tuberculosis, (so) eventually I developed positive tuberculin. My (first) x-ray taken (at Phipps Institute) was negative, but they felt that the (second) x-ray taken (later showed) I had latent tuberculosis. I (was advised to) continue (my schooling). It wasn't anything that I had to be hospitalized (for). In February (1939), I (was a full-time) student at the University of Pennsylvania (College of Nursing), and I took courses there pertaining to public health nursing in different areas that I felt I needed to increase my background. I finished (the semester) in June and started visiting more places on my way back to California, (where) I was (scheduled) to attend another course (in August), a three-weeks' course at the University of California (at Berkeley). (From June to August I traveled) on the train (and stopped here and there). During the day (I visited) the different health departments (where VD clinics were advertised). (In Chicago, I attended a private VD clinic which had its private epidemiological staff doing follow-up on contacts.)

JR: And you travelled across . . .

HK: Yeah, from Philadelphia cross to California on the train. (Slept) on the train at night, and during the day (visited) the health departments. Wherever I thought they had VD clinic, TB clinics, or anything, I'd stop by.

JR: How did Hawai'i's health department and clinics, as you knew them, compare to what you were seeing on the Mainland?

HK: Well, VD (program), we were probably comparable (or more advanced). For example, when I stopped in Denver I went to the clinic (where) they were mass treating the patients. All the

men (were lined up) in one (room), and they'd lower their pants and were given bismuth. (Oh, mass treatment). (We had the patients lie) on the table and give (the injection individually in Hawai'i). I suppose they had so many (patients). In those days, they had bismuth (and mafarcen). And then when I was in Salt Lake [City], I visited their TB preventorium, (which was) just started in '39. In Lahaina in '36 and '37, we already had an on-going (preventorium at Kula). (Utah health department was) just starting all over. And they were just starting the tuberculin testing program. So as far as we were concerned, in the area (of tuberculosis control) we were quite a ways ahead.

JR: Did you know why Hawai'i may have been ahead? Were the cases more severe here?

HK: We (have) a wonderful health department. Kamehameha III started the health department in Hawai'i (in 1840). We always had the health department which tried to control communicable disease. Of course, in the beginning communicable disease was the (disease) they were trying to control, tuberculosis and leprosy. The poor leper patients had to be isolated (at) Kalihi and then to Moloka'i. (Tuberculosis patients were hospitalized at the sanatorium on each island. Contact follow-up was an important function of public health nurses.) And then we became (involved in maternal and) child health program.

(Taping stops, then resumes.)

JR: You were saying that one of the reasons you thought Hawai'i may have been lucky was because of all the visiting.

HK: Yeah, we used to have consultants. The reason why I was able to go to University of Pennsylvania (to) the second course (in the control of VD)—a public health nursing consultant from U.S. Public Health Service who was particularly interested in VD nursing came to Hawai'i. And since I was doing VD (nursing), working with Dr. Lee and (also at the) VD clinic, she was instrumental in (recommending the scholarship to the University of Pennsylvania for me). She felt that I would gain a great deal by going away and (learning) more in this area. She was very, very helpful. And that was way back in '37. That's a long time ago. And I think that was her first visit to Hawai'i from the U.S. Public Health Service.

As I recall, we used to have different consultants (visiting us). They just loved to (come to Hawai'i). And we'd take them all over the islands, different maternal and child health consultants, school nurse consultants. It's a vacation land for many. And we appreciated (their visits) because we were so isolated, and by having them (visit us), we can advance ourselves. We took advantage of all that. We became more advanced in the different areas that we were trying to improve here. Many of the consultants did mention that we were way ahead. Of course, the biggest states (with) large health departments and good organization would be ahead. (Hawai'i) is a very small state when you think of it.

JR: Not even a state back then.

HK: Yeah, it was just a territory. And yet we were doing the work. And to have all of our nurses eventually becoming certified public health nurses—on the Mainland many were just hospital nurses going into public health nursing. I remember, we did have the highest percentage (of certified public health nurses). We were way ahead in that area. And even in nursing

organization, we had a public health nurse section (in the) Hawai'i Nurses Association. And we had representatives going to the national convention and so on. So that way, I think, we were way ahead.

JR: Okay, let's try to work our way up to the war years, which is the part that we're really going to talk about. What happened in those last couple of years after you came back from your trip, your studies on the Mainland?

HK: Came back in '39, and I (carried on VD education). I served as a consultant to the nurses. This (was) before the war. (I visited) all the (neighbor) islands and (educated) the nurses about VD, the nurse's role in case finding and the patient's (continued) treatment. (I also) visited (plantation) doctors, (who were also government physicians, and discussed) VD clinics. Some of (the physicians) had already started (treating VD cases in their practices). (The health department provided them with VD) drugs from Honolulu. (They were purchased in Honolulu and distributed to the doctors as requested).

(After I returned from my one-year leave), I did a lot of educational programs until the war days. The war started on Sunday. I was called to report to the health department.

JR: Why don't you tell me in detail what exactly happened on the seventh [of December, 1941].

HK: (I was) at home. Our family home (was at 3166) Charles Street. We (had arranged) to paint the kitchen that day. In the morning we heard all this bomb, bomb, bomb going on. We looked (toward Pearl Harbor, and) there were dark clouds. We thought, what is happening? (When) the painter came, we told him we (had) all the dishes out of the kitchen and everything (else) so he could go in and paint. And about nine o'clock or (so, I received) a call from the health department saying, "Please report to the health department." Well, I don't (remember) whether I had breakfast at home (or not).

JR: Did you know that there was an attack?

HK: Oh yeah. By that time we heard (over) the radio that we had been attacked and that's why they were calling (me) to report to the health department. So I got in my 1929 DeSoto coupe—old crate—and (drove) to the health department. (As) I went along Kapi'olani Boulevard, (at) every (intersection) towards town there were sentries (with guns). I was stopped. "Where are you going?"

I said, "Oh, I have to report to the health department. I'm a public health nurse, and they called me. I must report to the health department."

So, "Okay."

JR: Did you have any kind of identification at that time?

HK: Well, we used to have a territorial identification card. They didn't (ask for one), just verbal, where (was I) going. I think after that we did have to get another (identification card).

Well, (I finally reached the health department). (Many other nurses) who had been called

(were already there). We assembled in the basement, and we said, "What in the world are we going to do?" The health officer wasn't around. I don't think the director of nurses [was there either], just a group of us who had been called. So we thought, well, we'll make some dressings (with the gauze we found). If I remember correctly, we made dressings—three-by-three or four-by-four [inches square]. We (heard) the planes flying over us and all kinds of activity going on. Whenever there was a plane (flying over us), we would look out to see whether it was our plane or the Japanese plane. You could always tell, with the round red spot (for enemy planes).

JR: Was there any fear? I mean, how did you feel?

HK: Well, we were protected down in the basement. That was our—what do they call it?

JR: Shelter?

HK: Shelter. That was our (bomb) shelter, so we were pretty well protected. But we had no idea just what was going on. (Planes were flying over our building).

(That morning), surgeons were meeting at the Mabel Smyth Building—(located about three blocks from) the health department—[to hear a lecture by a wound surgery authority]. (Their meeting (was scheduled for) eight o'clock. We were told that the meeting (was cancelled), and the doctors (reported) to Tripler [General Hospital]. (Off-duty hospital nurses were also recalled.)

JR: Your group was given no instructions other than to go that building?

HK: No instruction. We were very disorganized, as far as I can see. The body was there, (but) what for, I don't know. We were told about five o'clock (to go home), because we're going to have a blackout. (By early) December, it (was) already getting dark (by five or six o'clock). (As I drove home, the streets were deserted.)

And when I (returned) home, lo and behold, the painter (was) still there. We told him, "Rush home, because (you may be stopped)." He was a citizen. No aliens (were permitted on the streets after six o'clock).

I think the next morning, (I) must have reported (to the office). I don't recall too much about what (I) did after that. I think we were assigned (anywhere we were needed). (The health department received an order from the military to immunize all residents of O'ahu for typhoid). (I was assigned to carry out the project from the health department basement) with the help of the army. (The military provided the supplies—such as) syringes, needles, (cotton) sponges, alcohol, and the vaccines—(and transportation to deliver the supplies to the immunization centers). (The public health nursing office organized the immunization centers. Volunteers were recruited through community organizations). (After the stations were set up, people were) notified to report to (the stations in their area). (It was a big and interesting assignment.)

JR: Yeah, it sounds like it.

HK: Fortunately we had enough people (assigned to carry on the project in the field). The military was very helpful in (giving) us the supplies (and delivering them to the stations as they were prepared).

JR: Did you work with some people from the military . . .

HK: Oh yes.

JR: . . . and some people from the Department of Health?

HK: Yeah.

JR: And the task was to immunize everyone?

HK: Yeah, all (civilian) adults.

JR: How do you keep track of something like that? Is each person given some sort of voucher that says, "I've been immunized"?

HK: Yeah, I think they were given a card (stating that) they had (been) immunized for typhoid. Typhoid (immunization is given only) once. People who had the (typhoid) injection (were) given instructions (by the public health nurse as to) what to do in case of reactions and so on. My end was (the supply unit, to see that each center had adequate supply of everything needed).

JR: How long did that involve you?

HK: I'm trying to figure out how long. I can't recall. It took quite a while to immunize all the (adult civilians) here. I (am sure it was months). But that part is not too clear, how long that we worked on it.

JR: Was that a hectic time for you, managing all those supplies?

HK: Yeah. But we had such good cooperation, with the military giving us the supplies and the immunization stations being (well) organized. To get the supplies to them was not too much of a problem, but we wanted to be sure that everything was being sent out (as needed). (On one visit to a center), I was driving along King Street with a (nursing) supervisor (and) I was tagged for speeding. I told you about my experience in the provost court.

JR: When was this?

HK: I'm sure it was in '42 sometime. (I had to appear before the) provost court.

JR: So you got tagged for speeding, and then you had to . . .

HK: In front of McKinley High School. A cop stopped me, and he said, "You're speeding."

I said, "This old crate doesn't go very fast, and I'm a slow driver." But he gave me a ticket.

And the (nursing supervisor) who was with me said, "Harriet, don't say too much, just accept the ticket."

I was (ordered) to appear at the provost court (on a particular day). (I arrived at the court on the stated date, just barely on the hour.) As I (reached) the court(room) they hollered my name, so I said, "Harriet Kuwamoto is here," (and walked) forward before the judge.

And he said, "You know what your charge was?"

And I (said), "Yes, they told me I was speeding."

And he said, "Are you guilty or not guilty?"

I said, "I assume I'm guilty."

And then he gave me the verdict—license removed, five-dollar fine, and something (that I don't remember).

JR: They took away your license for a speeding ticket?

HK: Yeah. I was a sight (before the judge). I (was in) my blue uniform with a white collar and a gas mask (over my shoulder). We all had to (carry) gas masks (all the time). And I (carried) a red raincoat with me. Red, white, and blue—very patriotic, with the gas mask.

(Laughter)

HK: And standing before the provost court—the young squirt—and telling the judge, "Your Honor, may I make an explanation, please?"

He said, "Yes."

I said, "I'm in charge of the immunization program as ordered by the military for the civilian population. And I have to have a car to (visit) the stations, to see how things are coming along." I said, "I need my car."

And he said, "Then, would you be willing to donate blood?"

I said, "Yes, Your Honor, I'd be more than happy to donate blood."

So he said, "License returned, five-dollar fine removed, go and donate blood (at the blood bank)."

JR: How much blood?

HK: He didn't say. (I am sure I thanked him for his understanding.) I went to the blood bank within a certain period—I forgot the time—and the doctor (at the blood bank) was Dr. [John] Devereux. I said, "Doctor, the provost judge told me I must come here and donate blood for speeding."

Oh, at the time that I was (before the judge and) explaining, I (also) said, "Your Honor, I drive a 1929 DeSoto coupe, an old car, and I'm a very slow driver. I've been checking myself in front of McKinley High School, how fast I was going." I said, "I was going about twenty-two to twenty-four miles [per hour], not thirty, because I (am a slow driver)."

Well anyway, when I went to the blood bank, the doctor looked at me and said, "How can you donate blood, you skinny old thing?"

I said, "No. The judge says donate blood, so please take the blood." They took about that much.

JR: Just a little bit.

HK: Just a little bit. I had the *puka* here. [HK points to her arm.] And then I said, "Please send the report to the provost court, so they know I (carried out the order)."

"Yes, we'll see that you get the report in."

A few weeks later, I came home about seven o'clock at night. I used to work long hours. My mother was petrified. She said, "Somebody came today—two men."

And being an alien, I told her, "Next time they come, tell them [to] walk in the house, look (all) over the house. If there's anything illegal in the house, let us know."

Well, shortly after that, two men came. And they were cops in civilian clothes. "Harriet Kaw—"

I didn't quite get the name. I thought he said Kuwamoto, so I said, "Yes, I'm Harriet Kuwamoto."

He said, "You are under arrest."

I said, "Under arrest for what?"

He said, "You were told by the provost court to donate blood, and you haven't donated the blood."

I said, "I just went there. You can still see the mark here." I said, "If you don't mind, would you please come in and telephone Dr. Devereux, who will verify that I was at the blood bank."

And these two officers said, "Orders are orders. You have to come with me."

I said, "If I have to go with you and stay in the cell block, I better get my toothbrush and my personal things so I'll have some comfort in the cell."

(Laughter)

HK: So anyway, I got in their car. They (took) me to the police department admission place, and the two men said, "This young lady says she donated the blood."

And the officer inside said, "Well, if she donated the blood, that's all there is to it." The two men were so embarrassed. I could have just cussed. I was cussing them under my breath.

(Laughter)

HK: And they said, "If you want to go home on your own, you may."

I said, "I refuse to drive in the blackout." Of course, I didn't have a car with me, so they had to take me home.

(Laughter)

HK: The next morning I reported to Dr. Lee. I said, "Dr. Lee, do you know what happened?"

And he said, "Oh, these dumb policemen."

(Laughter)

HK: Well, I wasn't satisfied. I knew something was wrong, I double-checked with the police department. I used to call the records department to find out if anyone [who] is reported had any charges or anything. I called and asked them if a Harriet Kuwamoto (had) been charged for anything. They looked at the records and said, "No, Harriet Kuwamoto has a perfect record. There's no charge under her."

After a while I called again, and I said, "I'm calling from the health department. I'd like to know if you have anyone by the name of Harriet Kawamoto who may have been picked up by the police for one reason or another."

And they said, "Yes, Harriet Kawamoto was charged for speeding on King Street."

See, what happened was the policemen reported me as Kawamoto. The blood bank reported me as Kuwamoto. They couldn't put the two together. I solved my own problem. They stamped on my card [i.e., driver's license] "Arrested for speeding." I could have thrown that away and said, "Give me a new license!" I didn't do that. I said, "I'll keep this for a souvenir."

JR: That was your encounter with the provost.

HK: Yeah, that was. And then, the interesting part was there was a Dr. Chu—George Washington Chu—who must have been an interpreter [for the court]. He was born in China and became an American citizen, I think, and later on came to work at the health department. Every time he (used to) see me, he (would) say, "Harriet, you were a sight when you came to the provost court with that gas mask and a patriotic uniform—red, white, and blue—standing before the judge and telling him what you did."

JR: He was in the courtroom at the time?

HK: Yeah. He was one of the interpreters. You know, in the provost court they have all the different military dignitaries. And he later came to work at the health department as a bacteriologist. He was not an MD [doctor of medicine], he was a bacteriologist. But I think because of his language—they needed interpreters, because we have different nationalities here. So he always used to make fun of me. That's my experience with the provost court and the police department. And that was right in the early (years) of the war, because we had provost court and I was still doing the immunization (program) at the time.

And after the (immunization program was completed), I think I went back into the VD program. By that time the houses were (reopened, after having been closed briefly following the Pearl Harbor attack).

JR: The houses, the . . .

HK: The house of prostitution. The VD clinic was closed for a while (during the war). Only the doctors were taking care of them privately, I think. I don't know whether Pālama Settlement stayed open. But anyway, we started the clinic. And I worked in the clinic until the houses were (permanently) closed in '44.

JR: Where was that clinic?

HK: At Pālama Settlement. We moved (the) clinic (to) Kapahulu Health Center when Pālama Settlement (medical clinic) closed [in 1947]. We had separate places, Kapahulu Health Center as well as Pālama. And when Pālama closed, we had it at Kapahulu Health Center, because that was a government clinic. Pālama Settlement is unofficial health agency, and they were closing up eventually. It's really sad when you think of it. They felt that Pālama Settlement was not necessary because the patients could (be transferred) to the hospital clinic [e.g., Queen's Hospital outpatient services]. See, that was one of the reasons why they closed the Pālama Settlement and then became just a place where they took care of the other social needs. But Pālama Settlement was a wonderful place, because they did complete outpatient clinic (services). (There were) baby clinics, (prenatal and postnatal clinics, and even) birth control clinics. When we were public health nursing students, we (went to the birth control clinics) as part of our experience. (We worked) with Dr. [Muriel] Cass, (head of the clinics). We (assisted the mothers with their) diaphragms. Older women who didn't want anymore children would come in (for birth control help). (Pālama offered) birth control (services) a long, long, time (ago). We were far ahead there. And they finally had to close when Queen's Hospital established the outpatient clinic.

JR: That's about the time that Pālama . . .

HK: Yeah. I think we had (clinics at) both places. I remember (being at) the clinic at Kapahulu and then going in the afternoon to the clinic (at Pālama). It was more convenient for some of the patients (who lived in the area).

JR: How many people were working specifically in the VD control area?

HK: (Dr. Samuel Allison was the chief of the VD bureau. I was the VD nurse and did contact investigation as the cases were reported. We also had a male investigator, Mr. Al Fraga). (The VD clinic was staffed by a private doctor on contract), a clinic nurse, and a practical nurse. We had public health nursing students (report to the clinic) to observe as part of (their) field experience. At Pālama, (there was a male orderly) who used to help the doctors in examining male patients. We never had a male attendant (at) Kapahulu Health Center clinic, because we always had male doctors. We did have one female physician, but she handled the men as well.

JR: Was this something that was set up specifically because the houses were open at this time and we needed extra precaution against venereal disease?

HK: No, because we were getting cases reported. And patients who couldn't afford, we had to have a clinic for them to come to. Even after the houses closed, we were having even military contacts. You know, the military men would pick up girls off the streets, and they would name the contacts, so we would have them come in. And the private doctors would report their cases that they're taking care of, but the contacts had to be reported to us. And then, during the war we worked closely in the VD area with the military, because they were interested in eliminating all the bars where girls were being picked up. They called it the Disciplinary Group, and I used to be invited to those sessions so I could report to them what we had, whether any civilian cases were being picked up in this particular bar. They put them off limits.

JR: So that no military could go to this bar?

HK: Yeah. There were many places that were put off limits. Once the military put (a bar) off limits, a sentry (would be) there so no military man could (enter). And that was one way they could protect the men. Because sometimes the girls, you know, would be there to be picked up. But if the man can't go in, they would. . . . And we used to have quite a number of places that were put off limits. And as we got the rapport, working closely with them—see, some military may go to their private physician. And if we found the places are getting too many [cases of VD reported in its patrons], we would speak up and suggest that this may be a good place to be put off limits too. And that's why I was asked to attend their meetings from time to time. And all the military dignitaries from the different branches would be there. And they would ask me questions as to what I knew, because I was in the VD area, yeah? And they were more interested in the control of VD program. And some of our street girls were very, very promiscuous.

JR: Now, are these prostitutes you're talking about or just . . .

HK: Street girls, mostly. I don't think (the military) ever put any house off limits, because the (madames) cooperated so well. (If a) military man (had contact with) someone (he) didn't quite know, except how she looked, (the madame would refer) several of them (to the doctor).

JR: Now, how would that work? What was your contact?

HK: With the houses?

JR: Yeah.

HK: Oh, I would call the madame (and let her know that one of her girls was named as a contact with no name). (The source would) give (the prostitute's) description—blonde, brunette, short, (and so forth). Most of (the girls) were Caucasians.

JR: The prostitutes.

HK: Yeah. The madames were very (cooperative).

JR: You would call the madame, and she would say, "Oh, it must be so-and-so."

HK: That's right, the night they worked and so on.

JR: Yeah. And then they would either be sent to you . . .

HK: Yeah, they can come to us if they wanted, (or they could) go to their private physician. But they (were) not allowed to work.

JR: If they came to you and they had VD, then they wouldn't be allowed to work.

HK: Yeah. Well, we (didn't) treat them. They'd go to their private physician. See, if a person was named as a contact for gonorrhea, for example, they would have to have three smears and cultures. So they could not work for five days, because cultures took two days. On the fifth day, when the third culture came back and it's all clear, then they would be allowed to go to work. And if it's syphilis, it's a different story, depending on what the stage of the disease is, because it would take a longer period. Of course, if the boys develop primary syphilis, then the girl must have it. And if she (is) examined and everything (is) negative, then she would not be the source of the young man who has the infection. (As I recall), we never had (infectious) syphilis among the prostitutes. It's mostly gonorrhea that they were (named as contact).

JR: You mentioned that you knew the different madames.

HK: Yeah. We learned who they (were by calling the houses). When I (did contact follow-up on prostitutes, I communicated only with the madames, because they controlled the girls).

JR: So you might know their first and last name, or was it more an informal kind of . . .

HK: Informal. I never tried to learn who they are, at least. And when I asked for the madame, then they would come to the phone (and announce themselves).

JR: Is that what you would call them?

HK: Yeah, they are madames. And some of them, I remember, sent us a big box of candy on certain occasions.

(Laughter)

HK: I would say they were aware that they were being closely supervised, and it's to their advantage to have the girls examined (regularly on their own). Because every time they're named, the poor girls (couldn't) work, and they'd be short of girls, I suppose.

JR: Now, you mentioned most of the prostitutes themselves were *Haoles*. What about the madames? What were they?

HK: Yeah, madames were all *Haoles* too. We had two types of houses here. Most of them were run by *Haole* madames and [featured] *Haole* girls. The local (houses were run by local people). (They were) not run too well. (They) had local girls (of different nationalities). They would be visited by mostly local people, particularly the Filipinos. And we knew which ones were local (and which ones were controlled). The regular houses (were) registered (with) the police department—oh, I didn't mention. (When new prostitutes arrived from the Mainland), they had to go to the police department and (be) fingerprinted and photographed before they can register at the house of prostitution. Then they had to have three (days of) examinations (for gonorrhea) and Wassermann tests—examination for syphilis—at Pālama Settlement. They would come in three days, and then on the fifth day—if they're negative—we would let the madame know that she had now completed her examination and (was considered free of gonorrhea and syphilis). A photograph (of the prostitute was kept at) the police department, (and) they were (closely) supervised.

Now, with the local ones, I don't think they were registered with the police department, even though they were a known house of prostitution. It was (for) local people. Very rarely did the military go to those places. (Local men visiting the *Haole*-run houses would have to enter) from the back [of the house]. When I (made a visit to one of) the houses (at the request of a) private doctor, (I discovered this).

JR: Can I just get you to stop for a second, and we'll start with that story. I just have to turn the tape.

END OF SIDE TWO

TAPE NO. 22-24-2-92; SIDE ONE

JR: You were about to tell me about visiting one of the houses.

HK: Oh yes. A private doctor asked me to visit this prostitute. I think she was ill for one reason or another. And when I got to the front door, they had this little opening . . .

JR: A small thing. It's like a window?

HK: Window. I don't know whether I rang the bell or what. Anyway, this women came (to the window). I said, "I'm Miss Kuwamoto, public health nurse. Dr. so-and-so sent me here to visit with so-and-so." I had the first name. And so she opened the door. And, of course, when I walked in, there's a big lobby. The girls parading here and there, and Filipino men (coming in) from the back (door). And she took me to the room where the girl was, so I did

my business. I took her temperature and talked with her. And I don't think she had anything that I could see. He thought maybe she might be developing some symptoms of secondary syphilis, I think. But I didn't notice anything. That was my first visit to the house of prostitution.

JR: Where was that located?

HK: I think it was on Fort Street, if I remember. It's quite changed now. We used to have a Princess Theater nearby. I even forgot the name of the house. I had to go up the steps in the front.

JR: It was on the second floor?

HK: Yeah. I don't know what was on the lower floor, but I had to climb up the . . .

JR: Could you tell that it was a house from the outside?

HK: Oh yeah.

JR: Was there a sign or something?

HK: Oh no, no. There was no sign at all. The houses are known to the men.

JR: You just had a street address or something?

HK: Yes. And usually (there was a) pro station nearby.

JR: Prophylactic?

HK: Prophylactic station. Because the men, I think, were instructed [that] after they visit the house of prostitution they should go to the pro station and be cleansed. I don't know just what (was) instilled in the genital area. (This was a good preventive measure for contracting VD.)

JR: Oh. They don't go there beforehand to pick up some sort of prophylactic, they go there afterwards?

HK: I think it was after. It was a pro station where (the men went after their contact with the prostitute). I don't (think) they (went there) ahead of time.

JR: But the "pro" meant prophylactic.

HK: Yeah, prophylactic. That would be ahead, but I always thought that they went afterwards to be sure.

JR: Well, maybe . . .

HK: It could be both ways.

JR: Maybe there was a couple different . . .

HK: I don't know how many of the men did go, but (there were) several pro stations (in) the city.

JR: Now, would there be a sign for that?

HK: Yeah, I think, so that the men would know where to go. As a rule, I think the madames tried to keep (their girls) as clean as possible. It's to their advantage. If a man (acquired) the infection from (a prostitute) and (he) couldn't identify (her), several girls (fitting the description) may be off work. The madames were very careful (about the girls being examined regularly) by their private doctors. Some girls (were) never named.

JR: Never in their career?

HK: Named as contact, yeah, because they were so careful about themselves. And many of them are very intelligent, educated women. And this was one way in which they felt they could earn money fast and get out of it. So they would be very careful themselves.

JR: From what I understand they made a lot of money.

HK: Yeah, yeah. Quite a bit. They (would be with the men) such a short period of time. The madames would knock at the door, "Time's up." And they would get up.

I used to be criticized for objecting to prostitution. I (used to say), "I do not object to prostitution. That's your business. But I am against anyone infecting (another person). I'm more for health. If you want to run your house of prostitution, (there should be) a health station right (at) the house of prostitution. Have each man examined to be sure he's free of infection (before and after the act). And the girl (should be) examined after each intercourse, so that she would be free (of infection)." Then they wouldn't make any money, because they'd be (spending their time on the examination table). "I'm not opposed to prostitution, I'm only interested in the health of the people who (visit the) houses."

JR: In your encounters with any of the prostitutes or with conversations with the madames, did you ever talk shop, so to speak? I mean . . .

HK: Yeah. (I would talk about the role of the madame in keeping the girls infection free.) The madames (were) very careful in seeing that the girls are regularly examined. The girls themselves (would) examine the men. (If they found any suspicious signs, the men were rejected). (The madame) would call us and say, "We had a customer who was discharging, and we got his military number, where he is (stationed)." We would (give) the military (VD section the) information and have (the man) followed. We never (received the results), but at least we (felt) that the (madames were cooperating in the VD control program). I (felt) that if they understood (that we were not) trying to penalize them, but make (the contact free from infection). . . .

JR: It sounds like you're talking about two distinct groups of people. You have these *Haole*, Mainland prostitutes, and you have the military. I mean, what was the effect on the local civilian community? Were you seeing any of those people?

HK: You mean locals who (were) infected?

JR: Yeah. You had a clinic at Kapahulu, right? And we're talking now about . . .

HK: Yeah. (VD was a reportable disease, so all infected cases were reported to the VD branch. Our responsibility was to be certain that the infected patients were under medical care, privately or at Kapahulu or Pālama VD clinics. Contact investigation was an important function of the VD branch. Street walkers were a problem until we learned who they were and where they hung around to be picked up by the men. We worked with the owners of the bars that the street walkers frequented. The owners were very cooperative in assisting us in identifying those we were trying to locate. Dance hall girls were often named as contacts, so I arranged with the owner of a Hotel Street dance hall to carry on VD education with both the girls and the customers. I timed it before the dancing started so I could talk to them.)

JR: You'd get up there and give a little speech or something?

HK: Yeah, I talked to them about venereal disease. And if I had a chance to show them a film (on) venereal disease, (I would) show them (and) ask if they had questions. (They were a rather unresponsive group, but at least I was trying). (I also) worked (with) the plantation personnel office (to go to the Filipino camps—to educate the men about syphilis and gonorrhea through films and talks, so they would be more cooperative in providing us the identity of their contact). (They were often very reluctant in revealing adequate information on contacts.) We wanted them to learn to get the name (or description) of the person they had contact with, so we (could do an effective contact investigation), not give us all the different song and dance about, "I don't know."

JR: Was that a common response?

HK: Yeah. Because they just don't want to get involved. We tried explaining to them, "You're helping the girl by giving us the name or telling (her). Instead of you going (to her) yourself, we'll do it. She won't know who reported (her), because she must have many others." We tried to educate them, but it (was) kind of difficult with some of the older men. Dance hall was one (of the) places we thought that they could pick up. But most of the girls who are in the dance hall, they're there for money too. I know some students who went there. Because the dances are so short—five minutes—and they had to pay so much. (Laughs)

JR: For the privilege of dancing.

HK: Yeah. They called it the taxi dancing. And I've also been to the O'ahu prison to educate the convicts there. We (received) requests from the prison to do VD education, so I would take the film and talk to them. I would get all kinds of questions from them. I remember once, one of the men says, "Have you had intercourse yourself?"

I said, "I'm not married yet."

(Laughter)

HK: I said, "I'm still single. I'm not married." That (took) care of it. But most of them were

interested, and they don't make too much about it. It's a good way of educating the people that if they should be infected, they must really. . . . The reporting is not to be malicious or anything, but to help the other people, the other person who may not know.

JR: Was it kept confidential?

HK: Oh yes, everything we (did) was very confidential. But in VD (infection) there is always a third person. Even if we try to keep (it) confidential, the third person (may become known).

JR: It's you, the person that you're seeing, and then this third party?

HK: Someone gave it to this person first, and then this person gave it to the third person. Two people (are) involved (in our investigation), and then there's someone who gave it to (the contact we are working on).

JR: Oh, I see what you're saying.

HK: It's confidential. I don't know whether you'd be interested in knowing this school case. I was asked by a private doctor (to conduct contact investigation for) a young patient, about fourteen years old (and a student at) a private school. (He had a) penile lesion—primary syphilis. (In the) early (days) of the war, all VD cases were hospitalized. This young boy was admitted to Queen's Hospital (isolation unit). (I met his parents at Queen's Hospital, introduced myself, and explained the reason for my visit.) They knew he had syphilis, early syphilis, and (were concerned). The parents said, "If you find out who the person is, would you let us know?"

I said, "That is very confidential. It would be up to the doctor."

I went in and talked to (the boy). (As I interviewed him, he continued to deny any) intercourse with anyone.

(His) doctor (had) told me just where the lesion was on his penis, so I told him that I knew where he had the lesion. "I'm going to tell you the way I think you caught the disease." I said, "I think what you did was to play with another young man or boy, or whoever it (was), and that's why you have the lesion there." And he thought and thought. I said, "You know, I'm not going to tell your father how you got it. I told your father this is all confidential, so you don't have to worry. Everything is confidential." Finally he told me the name of a young fellow with whom he had contact. And so I said, "I'm just going to let the doctor know that I talked to you and you (gave) me the name of the person, where I could reach him, but nobody else will know." When I came [out] the parents wanted to know, and I don't know whether I lied or what I did.

(Laughter)

HK: Anyway, the parents didn't question me too much, because I had already told them everything was confidential. And then I started (the contact investigation). His boyfriend, (the possible source of his infection), was about fifteen, I think. He lived in a plantation, so I called the plantation nurse and asked her if she by chance knew a young boy by this name in the plantation. And she said, "Oh yes."

I said, "Could you ask the young man to call me?"

She said, "Oh yes, I can have him." She knew I was a nurse, but she didn't know what the purpose of my (call) was.

He called me, so I said, "Do you think you can come and see me at Kapahulu? Do you have any bus fare?"

And he said, "Yeah, I got bus fare." He was in 'Aiea, and he came to Kapahulu Health Center.

When he came (to Kapahulu Health Center) it was after four o'clock. Most of the (workers) were gone, but I waited for him. And the doctor was waiting for him too. When he came in, we said, "You know, we have to examine you. Is that all right?" He was very willing. We didn't take any blood tests, because as a minor we couldn't inject (or) take a blood test. But I said, "Could you lower your trousers for the doctor so he can examine you?" And he was very cooperative. And when we saw him, I had never seen anything like it. He had what we call a condylomata in the rectal area, the most infectious syphilis, secondary syphilis. The doctor (used an) applicator (to get) serum (from the lesion), (placed) it on the glass slide, and examined (it) for the spirochetes. Lo and behold, full spirochetes.

The doctor (said), since he was a plantation (case), "We better take him to the plantation hospital." (Dr. Gordon contacted the plantation physician and informed him of the findings and arranged for his hospitalization.)

I said, "(Your) doctor wants you to (be admitted) to 'Aiea hospital [i.e., Honolulu Plantation Company Hospital in 'Aiea], and (he) will take care of you there." (I transported him in my 1929 DeSoto coupe) from Kapahulu all the way to 'Aiea. When we (reached the hospital), he was admitted for immediate treatment.

While I was (driving him to the hospital), I talked to him about all his friends and so on. And then he told me there was an old man who he had been with. And so after (he was admitted) to the plantation hospital and (seen by the doctor, I left). We let the plantation (notify his mother, and) I went to the plantation camp looking for this old man. And they said, "Oh, he's working today," so I didn't see him. And all the other men seeing me—I (was wearing) a dress (instead of) my uniform—they must have thought a prostitute had come . . .

(Laughter)

HK: Because they were all rounding up. I said, "I'm Miss Kuwamoto, public health nurse. I'm looking . . ."

(Laughter)

HK: Let them know I'm not a prostitute coming into the . . .

(Laughter)

HK: Because whenever a female walks in, you know, they think . . . Well anyway, after (the patient) had this intensive treatment he came back to (Kapaehulu Health Center for further contact investigation). In the meantime, his mother learned about (his infection). The (mother) was so helpful (and understanding), not at all resentful or anything. He was such a nice kid. He used to come in (to Kapaehulu to) talk to me about the contacts he's had. And until he named this young boy, his contact investigation was not over. So I kept asking him and having him come back.

JR: That's how you knew of him. You had to like reconfirm, sort of.

HK: Yeah. See, until (the contact) gives us the name of the source, we're not finished (with the investigation). But oh, the (men) he had contact with.

JR: It was a fifteen year old?

HK: He was fifteen or sixteen. (His contacts were) servicemen—(both in the army and in the navy)—and his cousin. I made a chart of (this) case. (It) was very interesting. His cousin reported to our (VD) clinic (and was found to have) primary (syphilis). He had had a relationship (with the cousin) just about two (or three) weeks (before). (His Wassermann test was negative, but the lesion was positive for spirochetes.)

JR: Was there much incidence of—I mean, to your knowledge—of it being spread through homosexual encounters?

HK: Yeah, we had quite a number of homosexuals (named as contacts), even (from) the military. He was such a nice kid and willing, (the men must have taken) advantage of him. We didn't process any criminal (action, even though the source case was a minor). (That) was not our business. We were (only) interested in the disease (aspect). (Most of the contacts named appeared to have been) homosexual. From (the same all-male) private school, we had another boy (about sixteen years old who reported to Kapaehulu VD clinic with symptoms of gonorrhea). (He was diagnosed as a gonorrhea case). (He was a homosexual), and I said to him, "Does your mother know that you are homosexual and carrying on?"

He said, "Oh yes. My mother knows all about it."

And once the mother called me up, and I asked her about it. And she said, "Oh yes, my son is very good about telling me all what he does." And she appreciated that we were being so careful with him and taking care of him. So I thought, gee, it's wonderful that the youngster could talk to the parents. There's a good relationship. And that's why I always say, if the parent and the children have a good relationship, they can help one another. Because you can't correct him from being homosexual, even though someone said you can become a brother or a priest.

JR: Were there homosexual prostitutes that you were aware of?

HK: No. I learned a great deal just working (with the known homosexuals). When I was at the University of Pennsylvania, I took a course (in mental health nursing) from a psychiatrist, and (she discussed) homosexuality. She was so understanding of their sexual behavior. At that

time—in '38, '39—she said there were gay bars and gay places where these people could go and just be themselves, and that it's none of anyone's business to meddle into their (behavior) as long as they were not hurting anyone. And so when I came back and met with some of the (homosexuals), I used to try to learn from them what problems they were having. They were very free in explaining to me what they (were going) through. And I even learned from one of them that he had been through a wedding.

JR: He was married to a . . .

HK: (To) another homosexual, yeah. And he (would) say, "I wore a wedding veil and (marched down the aisle)." It was an education for me. They were so willing to talk to me, because I wanted to learn, not to ridicule them (about their homosexuality) or anything.

And sometimes when (an infected male was referred to us for contact investigation, he would) give me all kinds of information about the girl. I (would say), "It's going to be difficult for me to find this person, but I'll try."

And (he knew that he had) been lying to me. So after (he left the clinic office, he would) come back and say, "Please throw away all what I gave you. I didn't give you the right information. My true contact is so-and-so." And so if (one) accepts whatever (he's) telling you and believes (him, he) would come out with the truth. And then (he) would tell me where to pick up the person or how to contact the person and so on, so we can complete our contact investigation.

The work was made easy (if the infected person understood the confidential nature of our follow-up). And even if the contact is on the Mainland, we ask them, "How should this be followed? Can you guide us? What would be the best procedure?" Even though we may be violating the regulation of that state, in that way we are protecting the (contact). They appreciated the fact that we were so careful in letting (the contact) know. But with the police officers, you can never talk to them about homosexuals. They are so against it.

JR: You also had contact with the police department?

HK: No. Sometimes they get involved. They hear about it somehow. I don't know how they could've, but sometimes some third party may talk. Usually the police officers are very anti-homosexuals, so I would never let (a police officer) know anything. (I also observed that the military were very anti-homosexual. When a military man named a homosexual contact, their follow-up worker sure kept track of the referral. I was always happy to give a negative follow-up, which meant that the contact was not infected.)

JR: From your conversations, did you find out that there were gay bars and things like that in Honolulu at that time?

HK: No, no, not here. I would mention about it, but most of them didn't talk about it. I had (volunteered) at the community theater (in costume construction), and there (were) lots of gay people (there). They're so artistic and such (talented) people. I (would learn) from other people that he is gay (and so forth). (I admired) their artistic ability. That way you don't get obsessed about what they are, you just think of them as a person. I think it's very important

for us to accept everyone for what they are and (work with) them, because no one wants to be changed. And when I hear some of these radio people—especially the religious fanatics—it's really awful. And I was so glad that I took this course from Dr. Anderson, who was so acceptant of these people, that we are all individuals.

JR: This is the psychologist [at the University of Pennsylvania]?

HK: Psychiatrist. And she was such a beautiful woman, (lecturing weekly for) a whole semester. All these (individuals I worked with), when I think of it, it's really interesting how we can help them, they help us.

JR: Yeah, yeah. One thing that strikes me about you is that you obviously have a lot of get-up-and-go. I mean, to go to a dance hall and stand up there and lecture everybody on venereal diseases . . .

HK: (Laughs) I think they're students. Of course, I used to be so afraid of the Filipinos that they might knife me. But I'm a brave, go up there and talk as though I'm in front of a classroom. "And now I'm going to show you a film on . . ."

(Laughter)

JR: Prior to this you really hadn't had any contact with Filipino people that much? I mean, growing up . . .

HK: No, not until the two months in Hilo. That was the first time. I had to look for a TB contact. I drove in this plantation camp, and they were all standing around. (I saw so many of them), I thought, oh no, what am I going to do over here? I had to show a brave front and say, "I am looking for"—in my good English—"so-and-so-and-so."

They say, "Oh, he no stop here." Or he's someplace else. And most of them, whenever they see a woman, they think we're prostitutes.

JR: It's only men there.

HK: Yeah, only men. And only the women [i.e., prostitutes] go (to the camps). When I went to Lahaina for an educational program there, the girls used to come on the plane certain times of the month, payday.

JR: Prostitutes.

HK: Yeah, prostitutes. And you see them at the airport. You know, I may get on the same plane with them.

(Laughter)

HK: A nurse whom I met in Boston came to Hawai'i to work. She was assigned to Kaua'i public health nursing. (As) she was driving in (her) car, the men would hail her, and she thought, oh, what a friendly place. She found out that the car she was driving belonged to a prostitute

(previously).

(Laughter)

HK: And so she said, "No wonder. They think I'm one of the prostitutes."

JR: But they must have dressed differently than a public health nurse would have dressed.

HK: Yeah, but they don't know the difference as long as they're blonde *Haole*.

JR: What about you when you went there? You said they were . . .

HK: Yeah. Well, they must have had some Japanese prostitutes, or it's just my reaction, you know.

JR: I wanted to ask you, you mentioned that you went up to a brothel when you were working during the war. What did it look like on the inside?

HK: Well, there's a big lobby where the people (were) sitting. And (there were single) rooms, so you don't see (the prostitutes). (The madame seemed to be controlling the traffic.) And another one that I (visited), it was right on Hotel Street. I wanted to talk to the madame, (but I don't recall the reason). (When I arrived), she was sitting with the menfolks.

JR: On a couch?

HK: No, a bench. And (the men) were waiting, I think, for the rooms (to be vacated). She was one of my worst madames.

JR: How so?

HK: She was very belligerent, thought I was interfering. So I had to constantly educate her that I don't care whether she ran a house of prostitutes, but I wanted to make sure that the men did not get infected. But she was the only one that I remember. The other (madames) were really gentle women. Did I mention to you about the time there was a strike in one house of prostitution?

JR: The house went on strike?

HK: Yeah. The prostitutes went on strike, so the house was closed. And we had a contact (naming a prostitute) from that house. And I could not (reach) the madame [by phone], so I (made) a home visit. The front was locked. The liquor store next door was open, so I said, "What happened to this house?"

"They're all on strike." He said, "Maybe you go upstairs, from the back."

So I went upstairs—three flights, in the back. This was on Frog Lane or some dinky place. (When I reached the top, I) knocked at the door—nobody answered. When I turned around, two men were following me, one Filipino, one Japanese. I said, "I'm a public health nurse

looking for the girls who work here.” And the man (who) understood me, the Japanese, (walked away). But the other one didn’t quite understand (me), so he was looking at me. (I explained again, and then I walked down the steps.)

(Laughter)

JR: He thought you were . . .

HK: I was one of the girls who came to work.

JR: Do you know why that particular house went on strike?

HK: I don’t know whether money situation or what. I don’t know what was the trouble was. When we (had) a contact (report) from the military, we (followed up on the report quickly). (When I couldn’t reach the madame by phone, I had to make a visit to the house. Then I had to make a report to the military explaining the delay in follow-up.)

JR: Was there a doctor from the military that you would often be talking with?

HK: No, they (were) military corpsmen assigned to do VD work. They (worked under the supervision of doctors). We got to know who they were, so we could contact them (when) we needed more information (regarding a contact). Yeah, we worked with many military assigned in the (different) dispensaries where (the servicemen reported for care). We also worked with the medical officer. We had a Black doctor, Dr. Walton, who worked with the Black—see, in those days, in the early days, the men were segregated (by color), Blacks and Whites. And he was with the Black enlisted men (in the navy).

(We worked closely with the VD control officers of the military, and from time to time we had joint conferences at Kapahulu Health Center.) We got to know (the military workers personally). We even (had) social functions (for) them. We (had) parties at Kapahulu Health Center and invited all the VD (workers) in the military—navy and army. And I remember inviting them into my home so that we could get to know them socially. So there was a good relationship (among all of us).

(During the war, the nurses’ association entertained medical corpsmen of the navy and army at the Mabel Smyth Building frequently. Some nurses invited them to functions in the city or to their homes. I recall picking up the medical corps servicemen who were hitchhiking as I was on my visits to rural areas. A Red Cross emblem identified them as medical corpsmen. On one occasion, I picked up two men, one of whom had worked at St. Luke’s Hospital in San Francisco in the morgue. I took one navy corpsman to Kamehameha Schools to a festive function which he enjoyed very much. He came to our house when he was promoted and was preparing to leave Hawai’i. My sister on the Mainland would refer servicemen of families she knew to call on us, so we were able to entertain them. I remember driving one home to his barracks in the middle of the night under blackout conditions.)

JR: I remember last time I was talking to you, you mentioned that they had tried to invite you to some of their places, but because you are of Japanese ancestry you couldn’t go.

HK: Yeah, especially the navy. This navy medical man had invited Dr. Allison and myself to their station in the navy. And we never got the invitation, so one day I said, "Oh, this doctor forgot us," or something to that effect. They finally told me (that) he had told Dr. Allison that he was sorry but he could not invite me up there, so he could not follow through with the invitation. (It was) because I'm (of) Japanese (ancestry). He was not aware of (the restriction) when he invited (us). People (who came) from the Mainland (didn't know). That's okay. We don't worry about that.

JR: I had a note here that you did get to go on a base once to do a . . .

HK: Oh yes, Wassermann survey. That was in the army. I think it was at Hickam Field. I passed through because they never asked me if I was Japanese. (Laughs) Because I didn't have a pass on my car—that was my old crate again. As long as you don't have a military (car) pass to go into the military area, you cannot (drive the car) in. So what I had to do was to have them bring the jeep, transfer all my equipment that I had to take the blood—my sterilizer and the tubes and what have you. They put it on the jeep, and I went along with them. The car was more important than the body that was driving the car.

I was there all day. And we (had) asked the military men, technicians, to draw the blood for us, because they were there. (There were others who did clerical work for us.) Many of them were medical corpsmen. I (served as) sort of an overseer (and took) all the blood back (to the health department to) find out how many of them had positive (results). (A person who tested positive was notified) by phone (or letter). The military never got the (results of the tests) because (the people involved were) civilians. And we arranged for them to have a repeat (test) done (at Kapahulu Health Center before referring them to their attending physician).

We also did Wassermann survey in the high school here. You know, people said, oh, parents wouldn't agree to it. The school principal said, "Yes, we would like to participate." McKinley High School did, Kamehameha School did, I don't know what other school. They sent a notice to the parents saying that they were going to do a Wassermann test, would they give permission? And it wasn't the entire school, I think certain grades. And we got quite a number who participated. Those who were positive, the parents were notified—because they were all school age—and followed through with repeat to be sure. And those who were found in school age were mostly congenital. So if they came to our clinic then we would follow the parents to be sure that they are okay.

Selective Service also (did a Wassermann test as part of the induction exam). All of (the people who tested) positive were referred to (the health department's VD clinic for further follow-up). (Many of those found positive in school or Selective Service surveys had congenital syphilis. This required follow-up of the family members.)

I am one of those who always feel that if you do it properly, you don't have objection. Nowadays they always talk about parents won't participate. You hear that don't you?

JR: Yeah.

HK: Yeah. Even now I hear it, and I say, "Oh my gosh."

JR: Well, almost through with the tape, this side of the tape.

END OF INTERVIEW

Tape Nos. 22-27-3-92 and 22-28-3-92

ORAL HISTORY INTERVIEW

with

Harriet Kuwamoto (HK)

April 8, 1992

Honolulu, O'ahu

BY: Joe Rossi (JR)

JR: This is the continuation of an interview with Harriet Kuwamoto in her Kaimukī home on April 8, 1992. The interviewer is Joe Rossi.

Miss Kuwamoto, when we last met I forgot to ask you about something you had mentioned in an earlier meeting, and that was the emergency first-aid classes that you taught before the war. Could you tell me a little bit about that please?

HK: Yes. The community had established units throughout the city where (we) could educate the people in first aid. We were asked to volunteer our services. I volunteered at St. Patrick's School (unit with) another public health nurse. We had set the date and (taught) whoever came. This was (part of the civil defense program). (We met) regularly until the day of the blitz. And what happened [on the morning of the Pearl Harbor attack] was, because I was employed [by] the health department, I was called (to report to) the health department. (Therefore I) could not (report) to the first-aid station. It was unfortunate that (we) didn't prepare for (it better). We didn't think that (there was going to be war and we would) be called.

The other nurse was also unable to be at the station because she was an alien. In those days, no Asiatic alien could become naturalized, even though she was working as a public health nurse (at Pālama Settlement). She came here from Korea as an infant. She went through (Ka'ahumanu) School. (Then) she was going to normal school, but instead (she) went to Queen's Hospital and became a nurse. All aliens (were ordered) to stay at home. So here we were (having) trained the people, and (on the crucial day) we couldn't be there. However, there were other nurses in (our area who) were called to (take over the first)-aid station.

JR: How large of a group did you have on Sundays?

HK: No, (the classes were held during the week) in the evenings, as I recall.

JR: Oh.

HK: The volunteer work, I can't remember just how many people we had. It wasn't too big a group. But I don't know exactly what we called that group. It was for first aid. (First-aid

classes were set up for nurses at the) Mabel Smyth Building. (The classes were taught by Dr. Marie Faus. She taught both the beginners and advanced first-aid courses. These classes were well attended, because I think it was sponsored by the nurses' association.)

JR: Now, they had these classes, like you said [on a previous occasion], in preparation for some catastrophe . . .

HK: Yes.

JR: . . . some emergency situation. Can you remember whether there was a sense on your part that war or something like war was going to be coming along?

HK: No, as far as I know. It was just to prepare the community for first aid (as part of our civil defense program). The doctors themselves were the ones who originated (these classes). I don't know why it was. It was something we felt we should all be doing, teaching the community first aid. I can't recall exactly why we were doing it. And I remember, after we finished (the first two first-aid courses), we were all invited to Dr. Faus' home. She had a beautiful home in Portlock area, built without nails. It's a Japanese home built with (lumber) brought in from Japan, and she (also) brought in three carpenters from Japan to build (the) home. It's still there.

JR: Oh yeah?

HK: Yeah, in Portlock. And when she invited us there, I remember we had to (remove) our shoes. It's a Japanese home with the *tatami*. The thing that amused us (was) the bathroom, (it was built in) a Japanese style. They had the toilets (covered with a) wooden (seat) on top so it looked like a . . .

JR: This is a *Haole* doctor?

HK: Yes, Dr. Marie Faus, and her husband was also a doctor, Dr. Robert Faus. They're both gone now. They were very community-minded and did a lot of community work. And she was one of the leaders in first-aid teaching.

JR: Was it common back then to encounter a female doctor?

HK: Not that many. At that time, we didn't have too many female doctors. (They) had two or three children, and none of them became doctors, as far as I (remember).

JR: Another thing that I've been meaning to ask you and haven't got around to asking was about your family and how the war affected your parents.

HK: Well, my father was gone. He passed away in 193[6]. Of course, it made it difficult for my mother because she was an alien. She was the only one in our family who was an alien. She couldn't go out. She never went out (anyway). She was a homebound person, hated to go out.

(I experienced one encounter.) I had saved some money and bought a nice (secondhand radio

and record player, with records). You see that case in the back? (I bought this from) a French woman (and) brought (it) home. (The radio) had a shortwave, (which had to be removed after the Pearl Harbor attack because my mother, an alien, lived with us). (This was a military order. After the war, I called the signal corps to reclaim my shortwave equipment, but never got it back.)

JR: You never got reimbursed or anything?

HK: No. Because they just took everybody's shortwave and (must have) just dumped it someplace.

JR: Now, did they come on the premises here and inspect to see that you didn't have a shortwave? Is that how it worked?

HK: No, I think they announced anyone with shortwave with an alien (in the home), we must remove it. Of course, we responded (by letting the military know, and someone came and removed it). That's an experience where military say, "You do this, you do that," you do it.

JR: Yeah, especially back then.

HK: Yeah, when you have an alien.

JR: Was there any fear on your part that she would be interned or anything like that?

HK: No, because my mother was never involved in any Japanese (activity). We did have a friend (Mr. Shibata) at the [Japanese] consulate. His father and my father were friends (in Japan). When he came here—this was before the war—he used to visit my father often. (He and his family were) transferred to Singapore (before the war). (When I returned home from San Francisco in 1932, my mother sent me to the Japanese consulate to meet them and thank them for their kindness. They had given us a set of wicker furniture for our new home that was built in 1931. He used to be driven by a chauffeur to our home on his visits.)

My second brother (remained) in Japan (after my father brought my mother to Hawai'i). He came here when he was in his, I think, early twenties. While he was in Japan, he was adopted by another family (without) my father's (knowledge). He was not welcomed by my father, (since) he carried the adopted parents' name. Well anyway, because of his background in Japanese, he became very active with the Japanese[-language] school. He (served as a member of the) board of directors and (even as president). Because of his contact with the Japanese school, he was called in by FBI quite frequently. But he was never interned. (We were told that) the FBI had plenty of information about (our) family (on file). He was taken in so many times. I don't think they found enough for him to be interned, because he was just doing what any parent would do with (children) in a Japanese[-language] school. He was never interned, but he said he was called many times going over the same thing over and over.

JR: Do you know how that worked? Would he get a phone call saying, "We'd like you to come in for an interview?"

HK: I don't know how (he was called). My sister was married to a Maui (man whose) father was a principal of Japanese school. On the day of the blitz, he was picked up (that night and taken

away from home and eventually) sent to the Mainland to the relocation camp. His wife was not (interned), just the father. (He was my sister's) father-in-law. That was on Maui, so we didn't know too much about it. But my sister was affected quite a bit, because she was living in their home and (had given birth to her) first daughter (and their) first grandchild.

JR: While he was away?

HK: No, just (a few months) before.

JR: Oh.

HK: I think her birthday (was) a few months before the blitz.

JR: When someone was interned like that, did you know that they were sent to a relocation camp and this kind of thing, or did they just vanish?

HK: No, no. We knew that they were picked up and sent (somewhere). (Japanese schools were closed immediately, and many of the principals and teachers were interned. Many Buddhist priests from Japan were also interned and removed to relocation camps on the Mainland.)

JR: What did you think of something like that?

HK: Well, (I) just accepted (it). I was more upset when we were discriminated when I (was preparing) to go to the Mainland. I was not registered at birth, because (I was) delivered by a midwife. So eventually when I (was) first going to the Mainland in 1928, I had to get a birth certificate, Hawaiian certificate of birth. (Telephone rings.) Excuse me.

(Taping stops, then resumes.)

HK: About my birth certificate, any Asiatic person—Japanese, Chinese, (and Koreans). (Even though I had a Hawaiian certificate of birth verifying that I was born in Hawai'i, before I could buy a ticket to travel, I) had to go to the immigration station (and verify that I was born in Hawai'i, with two witnesses). (I was fortunate to have Mrs. Scott, wife of Kona School principal when I was a born, as one of the witnesses. She and Mr. Scott knew my parents and family had lived in Kona quite some time and that I was born in Kona. My other witness was a Japanese family friend who knew us well. When we arrived at the immigration station and registered, Mrs. Scott said that she wanted to give the interviewer any information she needed so she could then leave.) And so, they took care of her. She said, yes, she knows the family and all the things that they needed to know. She was allowed to go. We spent the rest of the day before they (interviewed) the other witness. It showed the discrimination.

JR: Yeah.

HK: And I used to get so annoyed with this kind of thing. It bothered me at the time. Because here was a White woman who was our witness, she (speaks and) she's allowed to go. And because the other witness was Japanese, we had to stay there all day long. That was one of the thing, it just irked me to no end, the discrimination. And the person who was at the immigration station was (an) Oriental herself. This is the kind of (situation) that used to happen. They just

took their sweet time, even though we were there (early). (Situations like this) bothered me more than anything else. (This was a more personal thing with me.) The war didn't bother me. [The war] was an emergency. We all had to work together.

(My three younger sisters) were registered properly, so (they didn't have any) trouble. And my parents, being Japanese, they arranged to have my brothers who were born in (Kona) have their births (properly registered with a) certificate. But (the two of us), the girls, (we were) neglected, Japanese-style.

(Laughter)

HK: So we had to go through all this rigmarole. When our boys came back from the war—the 442nd [Regimental Combat Team]—(and) wanted to go to the Mainland to (attend) school, they had to go to the immigration station to prove that they were born here (and that) they were United States citizen. They had been to war. That was the thing that corrected all this, to think that these boys (went) to war, (came) back, and (were) treated the way they were. (Finally the law was changed.) No (citizen) has to go through (this unnecessary procedure).

And it wasn't only Japanese (Americans), it was Chinese too. I had a friend who was married to a Caucasian [in the] intelligence service, and she had (already) been to the Mainland. But every time she went (to the Mainland), she had to take herself and her mother and her children [to the immigration station], because she was Chinese, (though) married to a (U.S. citizen).

JR: I understand this is only one way that people were discriminated against. Have you noticed changes over the years? I mean, this was 1928 that that happened to you.

HK: Yeah, when I was going to the Mainland. And you mean the discrimination against the . . .

JR: Yeah, yeah, exactly.

HK: Well, (before leaving for) the Mainland (in) '28, I was told by our priest (Father Donald Ottman) that there will be discrimination. He even wrote me a letter. Said, "Take this so you can read it. And remember, there will be discrimination on the Mainland, especially in California. They would be anti-Orientals, both Chinese and Japanese."

But being in the hospital, I didn't feel (discriminated against), because most of the people were Caucasians. Except (once) a patient told the supervisor that she didn't want me to (take care of her). But she did apologize before she left the hospital. That was the only experience. (Having been told that I may be discriminated against on the Mainland helped me to be prepared and accept it without retaliation.)

JR: What about when you went farther east? Was California still---how did . . .

HK: No. (On) the second trip, (I left Honolulu on a Canadian ship). (There were six of us—four Chinese and two Japanese. Most of the passengers were Caucasians from Down Under. We had a wonderful time with the passengers. We landed in Vancouver and found the Canadian people very friendly. We traveled on the Canadian Pacific train through Banff National Park.

We all felt very comfortable with the people we met on the train and the hotels we stayed at.) When I (arrived in) Philadelphia, I saw the (segregation between) the Black people (and the White people)—which I thought was terrible—but not toward (me as an) Oriental. At the hospital (and) at the university, it was just between the Blacks and the Whites, [as far as] I could see.

JR: Now, where does an Asian fit in?

HK: There weren't very many Orientals there in Philadelphia when I was at the University of Pennsylvania and (at) the different (areas I worked in or visited through) Phipps Institute and VNS [Visiting Nurses Service]. Most of the people I visited were either White or Black. I never visited any Orientals. (My sister who traveled with me entered Philadelphia Hospital as a student nurse. I think she was the only Oriental student. She said patients were not segregated in that hospital.)

JR: But you personally, you weren't caught in the . . .

HK: No, no.

JR: . . . middle, so to speak.

HK: No, I often wondered where they're gonna put me, either Black or White.

JR: Well, where did they put you?

HK: Either place. I could go to the Black homes and the White homes, so I was lucky. I had a broad education, visiting both (types of) people. Whereas the Black nurses (at Phipps Institute did not make home visits to White families or work in) the White clinics. When (I was) at the Pennsylvania Institute for the Control of Syphilis, I was the only Oriental nurse in the class, and the rest were all White nurses. I don't remember whether they (visited) Black homes. But I (visited both) Black and White families. (The VD clinics at Phipps Institute or at Philadelphia VNS were not segregated.)

JR: After traveling around that much on the Mainland and then coming back to Hawai'i, how did Hawai'i seem to you in terms of racial relations?

HK: Well, that's one thing—I don't think I ever gave it a thought. Never looked at it from a racial standpoint, 'cause we accepted everyone as they are. I didn't feel (that) I was being (discriminated against in employment or in my professional organizations). As I said to you, when I was very young I worked as a maid, so happy to be working as a maid in a *Haole* family and learning all the things I learned. I think it helped. Being a Girl Scout, too, with (girls from different racial backgrounds, and all of us working together for the good of scouting). That helps you to take everyone as an individual, and not look at them as a Chinese, Hawaiian, or whoever (they) are.

JR: Yeah, yeah.

HK: And in our family, we never talked about racial differences or anything. My father had all kinds of (customers) coming to his blacksmith shop. Everyone was treated alike. So we never

felt any different, though we did carry out our culture. (On) New Year's Day, we (called on our Japanese neighbors), as a young child, dressed in kimono. My mother taught us how to say in Japanese, "*Akemashite. Omedetō gozaimasu.*" We would go from house to house, early in the morning, on New Year's Day. So I think when you grow up without the feeling, you never think about it.

JR: Well, I guess I was just thinking of that instance that you mentioned, the immigration thing . . .

HK: Yeah, well . . .

JR: . . . where you did feel it. And I was wondering if . . .

HK: See, that one was more, why did I have to go through all this? 'Cause my parents didn't register me, and then the way they treated this White woman. She could go home right away, and we all (had to stay) back. What's the difference? And then, having that person working at the immigration station being Oriental (too). She's treating her own kind this way, as though we're such low-grade citizens here, more than I think discrimination as such.

JR: Well, getting back to the war years now. The U.S. was at war with Japan.

HK: Yeah.

JR: Japanese Americans, especially on the Mainland, were being interned. Did that affect . . .

HK: Well, one thing I remember, shortly after the (war), people who died here, the respect the Americans gave to the dead. I think that was quite an (event). Even though (the dead) was an enemy who came here and killed many of (our) people—they attacked us—and yet the Americans respected the dead. And I remember my mother and we were talking about it, how wonderful the Americans are that they don't shove 'em in the grave. They respected the dead and had a burial. And I think that was one thing I remember. I thought how wonderful the Americans are. Even though we were attacked and all, they still respected certain things, like the dead. That was something I remember so distinctly. Among the Japanese, you know, ceremony (for the dead) is so important, and to have the people who attacked us being treated sort of royally at their death. I remember reading about it. And (I) felt (then that it) was wonderful to be an American, (the respect we showed others in time of an event such as death).

And you hear people being very anti-[American]. I don't know why we didn't have that feeling. We were not anti-Americans. We just accepted people as they (were) and (did) not develop the antagonistic feeling (toward others). (I worked with a few Black families in my public health nursing experience, and they were no different from others.) It's really a shame that we can't all live together (harmoniously). I suppose my mother, (who) was such a gentle person (and never critical of anyone, showed us to respect everyone).

JR: What was she doing during—was she . . .

HK: She was at home. She was a (homemaker), took care of us. (My father built a small house in

this area [Kaimuki] on an acre of land around 1919 or 1920, and we moved here from Beretania Street. In 1931, my brother and sister built a three-bedroom house, and part of the family moved into it.)

JR: I remember you mentioned that you had some Japanese artifacts and things like that around the house before the war that were then burned or something?

HK: Yeah, it was my brother who was so fearful that if we had anything Japanese, you know, it may be against us. I remember we had a beautiful scroll which was given to (my father) by a governor of a prefecture (where) my father lived, I think. It was brought (to him) by our neighbor who went to Japan and visited this family friend of ours. I used to hang it (on the wall) in our house. And then after the war, one day I thought, oh, what happened to it? And my mother said my brother had burnt it. I said, "Oh, how foolish."

He was so fearful, I suppose. I don't know what he was afraid of, 'cause that was a gift to us. And other things that we had—like my father had fought in the Russo-Japanese War, and he had some badge or something—those were all thrown away. I don't know what (else was) discarded. (They were) valuable mementos. I don't know what he was thinking of (to throw them away).

JR: Which brother is that?

HK: My oldest (living) brother.

JR: What did he do for a living?

HK: Well, he was the one who was—see, my oldest brother, I said, was killed in a football game at the College of Hawai'i. And as a result of his death at the football game, the school (offered a) scholarship (to a member of our family). So my brother, who is the oldest of three boys, was given the scholarship. I remember Dean [Arthur] Keller coming to my home to tell my father that they had the scholarship, so that he could attend the university. He attended, I think, two years, but he didn't make the grade, so instead they gave him a job (in) the third year. He worked in a dairy there until he retired. (It was a) university dairy. I don't know whether they still have it.

JR: I don't recall seeing a dairy up at the university. (Chuckles)

HK: Yeah, he worked up at the dairy. I don't know what (exactly) he did. He had an accident (at work). Something fell on his foot, so it was a disability (retirement). He was almost ready to retire anyway, I think.

JR: Okay. Let's get back to your work, what you were doing. One thing that you had made reference to that I never followed up on was the facility at Kuakini [Hospital]. It was an isolation unit or . . .

HK: Yeah.

JR: . . . something like that?

HK: Kuakini was taken over by the military. And all of our infected patients had to be hospitalized, because penicillin (had just been released, and it was only administered at) the hospital. (Patients) were isolated at Kuakini Hospital. It was (taken over and) run by the military, so it was safe. (There were guards stationed at the hospital, as I recall.)

JR: These [patients] would be civilians?

HK: Yeah, our civilians. That was not for military. Kuakini originally was (called) Japanese [Charity] Hospital, and then it became Kuakini Hospital [in 1942]. They had a board of directors (made up of local citizens). However, when war (was declared), the military took over the hospital, (even though it) was for the civilians. (There was) Tripler [Hospital] (for the military). (Local) doctors practiced there [i.e., at Kuakini Hospital], but (were) under the supervision of the military—medical corps, medical staff, I imagine.

JR: So if someone was getting treated with penicillin, they would be kept there?

HK: Yeah, until they were considered free of infection, cured. And then . . .

JR: That would be even the prostitutes.

HK: Yeah. Prostitutes or non-prostitutes, anyone who had infection at the time. And I remember—I think I mentioned that I was subpoenaed once to (appear) before the court, because I was the nurse who followed the (infected patient). At that time, (I) had no legal counsel. I was (ordered to appear in) court as a witness. The lawyers were hankering (between themselves, and) they never asked me any question. I was there, and then—I don't know how it came about—they dismissed the case. The (area) they were (discussing) was all wrong, but since I was not (questioned), I couldn't (correct them). The thing that was wrong was they were saying that the girl was with (the witness). (Instead, she had been isolated) in the hospital (all those days in question).

JR: At Kuakini.

HK: At Kuakini. (She was isolated there as soon as she was found infected and remained there until she was considered cured.) But it just shows how the lawyers can do things that is completely wrong. The witness is there, but she can't open her mouth. And this one, I could have opened my mouth because it was a criminal case, not a civil case. I learned [the distinction] later on, when I was subpoenaed [a second time]. The wife was infected and gave it to her navy husband. I was subpoenaed, and fortunately at that time I had the regulations with me. (I told the judge that I had the health department regulations. I was instructed to read it. After I read it, the judge said that this was a civil case and that I could not reveal the content of our record.) It's a good thing that I had the regulation. The poor man could not prove that his wife was the source of his infection.

JR: He had brought her to court for that?

HK: Yeah. I think he was going through divorce proceedings or something.

JR: And they wanted to use this as a piece of evidence?

HK: Yeah. It would have been something. Because he couldn't have (contacted) the gonorrhea from anybody else. He just came home [from sea].

JR: Yeah, yeah.

HK: And it was his wife, and we had a record showing that she was named as a contact (before his return). She was diagnosed (as having gonorrhea) and being treated. In the meantime, we had many others (naming her as their) contact. The husband learned that his wife had been coming to us. But we couldn't tell him, so he had to bring this up (in) court. But the law says I cannot speak in a domestic court. Whereas the other one I could have, but they didn't give me a chance.

JR: Was it common for you to be dragged into court like this?

HK: No, just two cases. When I think of it, they should have had legal counsel for me, who doesn't know anything about (legal procedure). But I said, "The Lord is always with me, he helps me out," (laughs) having the book [i.e., regulations] with me.

JR: Yeah, that's foresight on your part. I think I'm gonna pause for a minute and turn the tape over.

HK: Yeah, okay.

END OF SIDE ONE

SIDE TWO

JR: Miss Kuwamoto, I wanted to, if I could, get your opinion on the closing of the [prostitution] houses and what the feelings were like then about whether they should remain open or be closed.

HK: Well, for our community, I feel that we should close it. However, with the population that we had at the time—we had a lot of single men, military. (Some) were picking up the girls off the street. Whereas in the houses, they were well supervised. Morally it's not the best thing, but from the standpoint of health, I think they were better supervised so that they wouldn't be infecting the (men) who were going there. The street girls who visited the bars and just off the street, they never had the (examination). They were free-lancer. Whereas in the houses, they (were examined regularly). Even though (prostitution) was against the law, they (were permitted to work, but under strict rules set up medically). In most of the houses, the madames were very careful about the girls because it meant livelihood for them. And the girls themselves knew that they had to be clean, otherwise they're going to be without work for many days. But from the community standpoint—of course, with the churches and all, they felt it is not the right thing to have.

(Some of our local girls were forced into prostitution by pimps, mostly Colored men. They were forced to work and turn in their earnings to the pimps. They were prisoners of the pimps. I recall several of these girls told us of their predicament when they were named as a

contact. They were so fearful of pimps. I recall I called a pimp to report to my office. He reported, but he denied any wrongdoing. I knew a few of them and kept track of them and called them. I used to say that when I got them out of Hawai'i, then I could retire from the VD program.)

JR: Was there much of a debate at the time, a public kind of debate [about prostitution]?

HK: Well, many of the churches, I think, opposed it. And you can see that, because . . .

JR: Yeah.

HK: . . . it's not the thing that they would like to see in the community. And I think it was about the right time during the war, (around) 1944, everybody is trying to prevent infection. But as a health worker working, I felt that if (the single men) were still around, it would be easier for us to (carry on contact investigation). As soon as anyone was found infected, we can go straight to the source. Whereas (with the street girls), we had to go (search for them). (When the contacts were not adequately identified, it required a great deal of time in locating them.)

JR: Were you involved in the debate at all?

HK: No, no. I wasn't.

JR: Did anyone ever ask your professional opinion?

HK: Not that I remember. I would tell 'em the same thing, that it's better to have them well supervised and we do our job in seeing that they are supervised (and free of) infection.

JR: Do you remember if the Department of Health had a spokesperson or a position on that issue?

HK: I think Dr. Allison was one of the doctors, (though he was not employed at the Department of Health throughout the war). He was very strong.

JR: Which way?

HK: Against having the houses open.

JR: Okay.

HK: And the doctors who were taking care of them would feel that they're doing their job in keeping the prostitutes clean. But I was never involved (or) asked to [comment] one way or the other. I was just working (in the control aspect—the infected being treated and the contacts being followed adequately).

JR: Who were you working with, exactly, in terms of—you mentioned Dr. Allison, he was your superior?

HK: Yeah, I don't (think he was with the VD branch in 1944 when the houses were closed). He didn't stay with us too long. He was the VD (branch chief). He was active in the community.

And as I remember, I was not involved in saying one way or the other. 'Cause if they asked me, I'd give both sides.

JR: What did you think then, when the houses were . . .

HK: Closed.

JR: . . . told to close in '44?

HK: Well, it decreased our infection, because the number of people going to them was less. You know, when the houses were open, (customers) were lined up, so there were more exposures. (There were fewer street girls compared to prostitutes, but they were more difficult to locate when they were named as contact. The information given us was vague, particularly with certain groups of men.)

JR: Why do you think that is?

HK: Well, they're protective. (If) they go to the houses, (just having the possible date of exposure and description of the prostitute was adequate to initiate contact investigation). (When the source of infection was a street walker, follow-up became more difficult because of the vagueness of information.)

JR: Today, people talk about safe sex and the big to-do about using condoms and so forth. Was there a parallel back then? You know, if you are going to have sexual relations with someone, do blah, blah, blah.

HK: No, I don't think we taught so much about safe sex. Of course, we always tried to teach the young people to abstain. But now, you can't even say that, because they (are) already (having relations with the parents' approval). I don't think we can ever change them, unless we start early and teach them that abstinence is the best (way) until they're married. But with so many people living together (without the benefit of) marriage . . .

(Laughter)

JR: It gets more complicated.

HK: Yeah, it does. In our days, they didn't live together, as far as I know. They got married, and then that was the first night that they were together.

(Laughter)

HK: Things have changed.

JR: I guess they have.

(Laughter)

HK: Probably (it) is more convenient for the people. They don't have to go through the divorce.

When you see the difficulties the families have in (being) married, it may be easier for them to just live together.

JR: Yeah, yeah.

HK: I was watching the television program, and the daughter says, "My stepmother and my father are shacking up."

(Laughter)

HK: The girls used to say, "Oh, he and she are shacking up." I'm not giving you much help in that area, 'cause . . .

JR: No. (Chuckles)

HK: I used to try to help the girls by [advising them against] being promiscuous, to abstain. And then if they really wanted to, get married first and then continue with the relationship, and they'll have less problem with the disease and pregnancy. I don't think we had (patients that I worked) with who became pregnant. When I went to Philadelphia (in 1938, I saw) teenagers having one baby after another from different fathers. That was (an) eye-opener for me. It was a new experience (for me to see) these young teenagers, out of school, pregnant, and (continuing to have many more).

JR: Were abortions very common back in those days in Hawai'i?

HK: I don't know too much about the abortion. In my work, we didn't talk about it. Of course, I was a great one in (encouraging) abstinence (and) birth control (for married couples). And then, of course, the Catholics used to say sex relations was for only procreation. So I would tell the man, "Once your wife is pregnant, there's no need for sex relations."

(Laughter)

HK: They thought I was uneducated. They must have thought, this dummy nurse coming around, talking to us like that.

JR: Well, what were the options in terms of birth control back then?

HK: When we were in training for public health nursing, we were able to attend the birth control clinic at Pālama. That was way back in '33—'32, '33, I was taking the course. And we were using the diaphragm at that time. I remember many of our older Japanese mothers who had so many children would come to the clinic, and the young ones. So diaphragm was the thing that we used quite a bit. And we were taught to show the mother how to insert the diaphragm. And I think most of them felt that they had enough children, and they wanted to space them more, so they were more responsive. These were married women. You know, they want to limit their children in the family. Now, we didn't have, as far as I can remember, any youngsters coming in, because it was not the thing to do. This was primarily for families, birth control so that they wouldn't have unwanted children. That was what we were doing at the birth control clinic. And the others, to refrain from relationship until they were married,

abstinence.

JR: Do you know what the prostitutes were using for birth control? Were they using diaphragms at that time?

HK: No, I think—I don't know what they were using. None of them, I think, ever got pregnant.

JR: How did that happen?

HK: The (contact) was so short. (Time) was limited (to) just (about) five minutes.

JR: Yeah.

HK: I don't know whether they douched themselves right after (the relationship, but) I never heard of any prostitute becoming pregnant. Particularly with our local prostitutes. (They were older women.) I remember one mother telling me that the reason (for her) prostituting (was) to earn enough money to educate her children, (send them to college). It was an older woman.

JR: Like a single parent?

HK: Yeah, and some of them were married. But that's a good way. They felt it was one source of earning an income. I don't think they thought anything about being immoral to prostitute, as far as I could see.

JR: When you say older woman, how old are you talking?

HK: Well, in their forties.

JR: What was the range of women that you would come across in your work? The prostitutes I'm speaking of.

HK: Well, it's hard to tell, you know. When the houses in California closed, we (had an) influx of prostitutes (coming here) from the Mainland. And I (recall) several of them who (arrived) here and (were) found (to be) infected right off the bat, so they (could not work). (Many) of them were (in their) late twenties (and) thirties. And educated (girls). They just (wanted) to earn (enough) money and (move on to their) next profession.

JR: How did the closing of the houses affect your work at the Kapahulu clinic?

HK: Well, we had less cases for a while, because the source was gone. Even at that, we weren't having that many cases. I find that many of the cases came from outside of the prostitutes, because (prostitutes) were being carefully supervised by (their doctors). They had to go to the doctors (regularly, as advised). If you (have) the doctors taking care of them carefully, you can prevent. And the girls at the houses (were checking on their customers, that they were) not showing any signs of the disease. That (was) one of the (ways in which they controlled the disease). Whereas when it's a street girl, you cannot control the customer. We knew the doctors who were examining (the prostitutes), and they (certainly didn't want their patients to be passing any) infection. So they (were) very careful. (There were a) limited number of

doctors who (examined them). We worked closely with (these) doctors. (A few of the doctors I recall were Dr. Irwin, Dr. Edmund Ing, and Dr. Robert Millard. They also worked at Pālama VD clinic.)

JR: Did the VD clinic continue to work then . . .

HK: Yes.

JR: . . . for the rest of the war?

HK: Uh huh [yes]. (Pālama Settlement VD clinic continued throughout the war years and on. The VD clinic took care of syphilis patients of all stages. Until penicillin became available, these patients were under treatment for years with bismuth and arsenicals such as mafarcen. Infants and preschool-age congenital syphilis cases were given another drug, a combination of arsenic and bismuth. Syphilis cases were being picked up through Wassermann surveys at schools and similar surveys for food handlers, selective service applicants, prenatal and premarital exams, prison admissions, and others. Wassermann tests for these exams were done at the health department's laboratory. The results were forwarded to the VD branch for follow-up. The follow-up included a repeat Wassermann test. If the result was positive, education on syphilis and its method of diagnosis, treatment, and so on was carried on. Many working people were referred to their physician for definitive diagnosis and continued treatment. Contact investigation was carried on by the VD branch in most instances.)

By educating the patient, the doctors felt that we were helping doctor-patient relationship. The patient knew what to expect of the doctor, and the doctor didn't have to spend too much time explaining to him why he is doing this or that. And we did the same thing with diabetes control, when we started doing the diabetes detection program.

JR: Now, in your line of work, were you able to develop extended relationships with different people in the community, or would you tend to just see someone for a week or two, and then you'd never see them again? You know, a doctor, for instance, will see the same person for years. In your line of work, is it more just a brief contact?

HK: Yeah, unless the patient (came) back to tell us what the doctor is doing. (However, since we were doing the contact investigation, we were in touch with the original patients and others for some time.)

JR: Just to finish up with the war now, can you remember what you were doing at the time the war ended, and if you can remember what you were doing that day, even, when you heard the war was *pau*?

HK: No, I don't. I don't remember very much.

JR: Do you think the Kapahulu clinic was still running at that time?

HK: Yes, I think it was still going (on). I don't know just when we discontinued. (Even after Pālama Settlement medical department closed, the VD clinic there continued because it was held in a separate building. At the same time, the VD clinic at Kapahulu was still in session.)

Of course, (VD) is a reportable disease. (VD) cases were reported to (the VD branch). (For) infectious syphilis (and gonorrhea cases), the doctors had to tell us (whether) they're doing the contact investigation. (Often we were asked to do the contact investigation. Even if they didn't ask us, we still contacted the doctors to check on contact investigation. In the late forties, a male investigator was employed to do some contact investigation involving street girls, and a public health nurse was assigned to the VD clinic.) I was gradually going out into other areas.

JR: What areas were you moving into?

HK: Well, (the VD branch spread) into chronic disease control (program, which included heart, cancer, diabetes, and so on). And then cancer control program (was added). In 1954, I was sent to (New York) Memorial Hospital [for] Cancer. And when I (returned, I carried on) cancer education. (I showed the film *Breast Self-Examination* to different women's groups and at the same time encouraged the women to include Pap smears in their physical exams.)

I think Dr. Allison had come back to us for a short time. (He brought with him three dozen) Draghi tampons. Dr. Draghi (had) developed this tampon at (New York) Memorial Hospital. (Dr. Allison) thought it would be a good demonstration to see how we can, through tampon, check on Pap smears. (I) made arrangements with the Liberty House nurse, if she would be willing to (talk to) three dozen (older) women working at Liberty House and see if they would (be interested) in this demonstration. There were many women who said yeah, they would like to. So the tampon was distributed (by) the nurse to the employees. They were instructed to put the tampon (in) at night. And in the morning, I went to the Liberty House dispensary with (numbered) glass slides. (The contents of the tampon were smeared onto the numbered glass slides. These were delivered to the cytological laboratory.) After all the test (smears were examined, the technician at the cytological lab reported that the quality of cells was excellent). (This procedure would be) a wonderful way of doing a mass Pap smear (at the workplace with limited staff and cost). The agency would be doing all the homework (in distributing the tampon and listing the names of participants). (The whole procedure at Liberty House took only about an hour of my time. This procedure was not acceptable to the doctors because they would lose office visits.)

JR: Where were you working after you left Kapahulu? Were you working Downtown in an office?

HK: No, we still had our office at Kapahulu. See, our branch became chronic disease branch. VD was only small part of the (branch) work. Then the VD clinic moved over to Lē'ahi (Hospital). (There is still a VD) clinic there now. So when we changed over to chronic disease, VD was still part of it.

JR: I see.

HK: And then with chronic disease, you can spread all over—diabetes, heart program, cancer, and so on. And (before I retired from) the health department, I (did) diabetes detection program (throughout the state for about five years). (I also worked one day a week at the rheumatic heart clinic at the children's hospital under Dr. Angie Connor.)

JR: What year did you leave?

HK: Sixty-nine.

JR: Sixty-nine. And you were working on diabetes at that time?

HK: Yeah. Well, as part of our chronic disease program I was (conducting a) diabetes case-finding (program on non-diabetic adults thirty-five years of age and older on all the islands). (A blood specimen was collected two to two-and-a-half hours after the prescribed meal. If the result was over 130 milligrams, the test was repeated. If the results of the repeat remained above 130 milligrams, the person was referred to his or her attending physician for definitive tests and diagnosis. This was a mass case-finding method. All family members of a known diabetic were encouraged to be tested.)

JR: Did you have much problems in terms of doctors feeling that you were stepping outside your bounds?

HK: No, because (I was very) careful (about remembering my nursing role as an educator). (Explaining how diagnosis is established is not diagnosis.)

JR: How was it working for the Department of Health for as long as you were with them?

HK: Well, I think I was very fortunate. (Throughout my years of employment, I had the privilege of preparing myself for the position. First as a public health nurse, I had finished the one-year required course in public health nursing which prepared me to carry on a generalized public health nursing service in Lahaina. I was fortunate to work under the medical supervision of Dr. William Dunn, who was the plantation and government physician).

(When I went into the VD program, I studied at the University of Pennsylvania's medical school and its college of nursing. When one is prepared, you feel secure in teaching your coworkers and carrying on your assigned duty).

(When the branch moved into chronic diseases, I was sent to New York Memorial Hospital for Cancer. Here, through medical and nursing lectures, direct nursing care of advanced cancer patients, and observation in surgery, I acquired knowledge of the extent of cancer. Being a public health nurse, this experience made me more aware of the importance of early detection, as in breast self-examination and routine Pap smears.)

(As I became involved in the heart control program, I attended a cardiac nursing workshop at St. Louis University. By taking advantage of these educational programs, I felt secure and found my work satisfying.)

JR: Could you mention any of the doctors [you worked with at the Department of Health]?

HK: Well, (I worked with) Dr. [Walter] Quisenberry, (who considered himself a cancer specialist). Of course, Dr. Allison (in VD and) Dr. [Robert] Worth, (who joined us at the VD branch after having left Kalaupapa, Moloka'i). We had Dr. [Norman] Sloan. (He also worked at Kalaupapa before being assigned to the chronic disease branch. Dr. Doris Jasinski was another doctor I worked with).

(I was given much freedom in developing a program for diabetes detection activity—without much supervision, because I was always aware of my role as a nurse and public health community worker.)

JR: In talking to you, it seems that your career was a real important part of your life. I mean, you retired in '69, what did you then do afterwards?

HK: What did I do?

JR: Yeah.

HK: I retired on June 6, 1969, and the next day, I went on a three-month bus tour (with another retired nurse, Miss Winifred Golley, a former public health nursing supervisor). We flew to Los Angeles. The only hotel reservation (we) had was in Montreal, Canada (at the Queen Elizabeth Hotel for June 22 to June 25, 1969), to attend the International Congress for Nurses (as observers). (From Los Angeles) the first (stop was Flagstaff), Arizona. We stayed at a motel there. Next day, we went on an all-day tour to the Grand Canyon. From there, we moved on (to Kansas City), St. Louis, Michigan, and Canada.

When we (arrived at) Hamilton, (Canada, my travel mate decided to visit her relatives in Canada, so we parted). (The hotel at Hamilton had no vacancies, so I bussed on to Niagara Falls terminal. After supper at the terminal, I went to a motel nearby and registered. Though it was late in the evening, I asked the motel keeper whether there was any place I could visit. He told me to go up to Niagara Falls, which I did. There were people walking up and down to see the falls—a spectacular sight. This was on the Canadian side. There were hundreds of tourists at that late hour.)

Next morning, I (checked out about eight-thirty and) took a tour which (included) Niagara Falls again, (but in more detail). (Then I went on to Toronto, Canada.) I spent the night (in Toronto) and the next day took a (bus) tour of Toronto. Oh, beautiful city. Have you been there?

JR: No, I haven't.

HK: You haven't been there? Oh, it's a beautiful place. That night I was having supper by myself, and lo and behold, who should be walking on the sidewalk [outside] of this restaurant (but) my friend who (left me in Hamilton) to visit (her relative). I hollered at her, and she came over (to my table). Next morning, off we went to Montreal. (There) we met the third and the fourth persons. Four of us (were) going to the (convention as visitors). And we stayed in Montreal at the hotel during the (convention), living like a queen at Queen Elizabeth Hotel.

(One of the highlights of the convention was the service at Notre Dame Cathedral when the delegates, all outstanding nurse leaders from the world in their national costumes, marched in and took their places in the cathedral. The clergy present were of all denominations—Catholic priest, Congregational minister, rabbi, Buddhist priest, Anglican priest, and others. I thought this was wonderful, all religious leaders getting together. This was in 1969.)

(We went to Ottawa and visited parliament, though it was not in session. We rented a car and

toured Quebec and surrounding areas. This was very enjoyable, because we were able to visit areas not covered by bus. After Quebec, we bussed to Nova Scotia. At Halifax, we stopped at a small restaurant and had the best corn chowder. We crossed the Atlantic Ocean and arrived in the United States.) Oh, that was a terrible trip, rough, rough, rough, rough. (Most of the passengers were seasick.)

(We spent a few days in Maine at a bed and breakfast and then bussed to Boston, where we spent the night at the YWCA. After Boston, we parted, and I traveled alone to New York. From New York, I called Dr. Andrew Wong, an ophthalmologist in New Haven, Connecticut, and was invited to visit him and his wife. I spent a few days with them. Then I moved on to Rock Island, Illinois, to visit Mrs. Vera Rosemond, a retired tuberculosis nursing consultant from Honolulu. While visiting her, we watched our astronauts land on the moon. What an experience.)

(After leaving Rock Island, I met two daughters of Dr. and Mrs. Wong and chaperoned them from Davenport, Iowa to Denver, Colorado, driving through miles of cornfields. It was not until the next morning that I learned the car's breaks were completely gone. The girls were supposed to have left early in the morning, but couldn't because of the defective breaks.)

(I arranged to take a bus to Canada from Denver, but was stranded at Great Falls, Montana for two days for lack of a bus leaving for Canada. While I was there, I went to their annual state fair. At the horse races, I happened to sit next to two senior citizens who were married to nurses. They taught me about betting. One of the last horses running was named Midori, so I told them I was going to bet on her. She won, and I received twenty dollars. This took care of my hotel bill of fourteen dollars.)

(Then I finally returned to Canada. I went to Calgary and then to Banff and Vancouver. Then I went to Washington State, Oregon, and back to Salt Lake City, where my nephews lived. Then I went to San Francisco and Yosemite, and then bussed down the coast to Los Angeles and San Diego before returning home to Hawai'i.)

It was a three-months trip, going here and there. That's a wonderful way to travel. Ninety-nine dollars for the first month, thirty-two dollars for the second month, thirty-two dollars for the third month. (A total of \$163 for transportation on the bus in Canada and the United States, about 10,000 miles of travel.)

END OF SIDE TWO

TAPE NO. 22-28-3-92; SIDE ONE

JR: It sounds to me like you've enjoyed traveling on the Mainland. You never thought about moving there?

HK: No, I've (taken about ten trips to the Mainland—traveling by ship, plane, train, and bus—but I've never thought of living there, though I have relatives in Washington State, Colorado,

Utah, and California). I've been to New Zealand, Australia, (and Japan) twice, but (I've) never been to Europe. (My first trip) to New Zealand, (to attend the Pan-Pacific Southeast Asian Women's Association conference, was) for seventy-one days (and included thirteen countries).

JR: Wow.

HK: Six elderly, senior citizens. (Five of us are still living, but only three are active.)

JR: You've traveled a lot since you retired. What else have you been doing to keep yourself busy, 'cause I know you are very busy?

HK: Yeah. Well, (when) I retired, (I volunteered for) the Friends of the Library, (working) at least one full day a week (preparing books for their annual book sale). We had a team of volunteers. In the very beginning, I worked with (Mrs. Mary Ramage), who was very knowledgeable about books. She was a book collector. Whenever she saw rare books, she would tell me why this is a rare book. So I learned a (a great deal) from her—what to look for in the books (as I priced them).

(Volunteers) emptied the boxes (and placed the books) on the shelf (according to subject, such as) math, history, fiction, Hawaiiana, business, (foreign, religion, and so forth). I used to (work on) health (and) business (books, and whatever else was) assigned to me. (Then the books were priced and placed in boxes with proper identification. I recall unpacking an odd-sized book titled *Aesop's Fables* in Latin and bound in white pigskin. It was placed on special bid and went for \$200.) I retired from (this volunteering) about three years ago. I was having some problem with my back, and I felt that was enough. (However, I do volunteer during the annual book sale.)

(I volunteered on the costume maintenance crew for Hawai'i Opera Theatre from 1965 to 1987, first at McKinley High School auditorium and then at the Neal Blaisdell Center Concert Hall.)

JR: What would you do for that?

HK: (As a) costume maintenance (crew member, we checked the costumes which were ordered). (In the early years, costumes were ordered) from San Francisco. When this company closed, (costumes were ordered) from Canada. Measurements of the (opera cast are sent to the costume company). (When the costumes arrive, the volunteers get into action. We inspect them and check that every costume requested has been sent.)

The person in charge of the crew was a paid worker. The rest were volunteers. (She) assigned (us) to different (performers). (In the beginning, I was) assigned to the chorus (members to) help them dress. Then we (were) promoted to the (principals). I remember (being assigned to Metropolitan Opera singer) Mary Costa—you've heard of her—and others. They were really lovely people. (We had) to be sure that the costumes (were in good condition and help in dressing). And to be sure that the petticoats don't fall. Pin them up right! (Chuckles) (I was told) that sometimes the pins (would) come off and the skirts fall down on the stage.

The last day (of an opera was hectic). (We had to count every costume and accessory and place them all in the containers ready to be sent back to the costume company.)

I (volunteered) at the community theater—it's (been renamed) Diamond Head Theatre—while I was still working. The person in charge of costume (construction) was Mrs. Marjorie Abel, (head of the nutrition branch at the Department of Health). She took a vacation every year whenever (the show was) a musical. That's when (she needed many) volunteers (to help her sew the) costumes. She cut (the costumes), and we would (sew them and help with the fitting). (I also) learned how (to) make (men's) pants big or small (at) the waistline. (The first musical I sewed for was *West Side Story*. The last was *A Chorus Line*.)

JR: You're still busy.

HK: Well, I spend (one) afternoon a week at (St. Andrew's Cathedral) as a receptionist and (another afternoon) at the economy shop as a cashier. I like to cashier, (since you deal with the customers). I like to work with people. Most of the (volunteers) like to work (in the back room where donated items are received). That's where you can find the good things. With me, I rather work with the people.

JR: Yeah, yeah. You seem to be a people kind of person.

HK: Yeah. (Since my automobile accident on November 9, 1991, I have given up my 1958 Volkswagen, which I owned for thirty-one years.) And now that I'm riding the bus, it's (an) interesting (experience) to meet the people on the bus. Some people like to talk to you, (but) others just sit and look straight ahead. (I have been amazed at the number of times I have seen handicapped seniors riding the bus with canes and even walkers. Having the elderly section on the bus is a big help.)

(During my career, I was involved in a number of professional organizations. Upon passing the California state nurses' examination in 1932, I applied for a license to practice nursing in Hawai'i, whereupon I joined the American Nurses Association through the territorial and O'ahu nurses associations. Throughout my professional career, I was a very active member, serving on committees and being elected to office. I was elected as treasurer to the O'ahu and territorial nurses associations at different periods. I was also elected as first vice president of the Territorial Nurses Association. When our president resigned in midterm for further education, I became the president.)

(To serve the presidency efficiently, I enrolled in a non-credit course in parliamentary procedure at the University of Hawai'i. The students were from many organizations, such as the motorcycle club, We the Women, Lions Club, and many others. We all wanted to know how to conduct the meetings as president according to parliamentary rules.)

(As the president of the Territorial Nurses Association, I became one of the official delegates to the 1950 American Nurses' Association Biannual Convention held in San Francisco. I was impressed with the caliber of our nursing leaders and the manner in which the meeting was conducted according to strict parliamentary procedure.)

(I presided over my first Territorial Nurses Association convention following the San

Francisco convention. I learned that the president's role was to keep the meeting in order with the help of a parliamentarian as needed.)

(As chairman of the Economic Security Committee of the Territorial Nurses Association, I was sent to the American Nurses Association's economic security workshop in Chicago in 1952. While in Chicago, I visited the Chicago health department to learn about its heart control program. I became a patient in the demonstration program, which took almost four hours. Here I learned that I had a small uterine tumor. I was informed the cost of the evaluation was worth \$500. For the first time I had a record of my base-line test results and the physical findings.)

(I was also an active member of the Hawai'i League for Nursing. I served as its treasurer for many years. Working in public health, I was a member of the Public Health Nurses Association locally and nationally and a member of the Hawai'i Public Health Association and the National Public Health Association. I attended a regional public health meeting in San Francisco.)

(As an advisor to the Kuakini Hospital nurses' alumnae, I became a member of the Kuakini Hospital nursing committee. Since Kuakini Hospital's nursing school was not nationally accredited, the graduates were not permitted to take the national board examination so they could be licensed. Through the nursing committee, we were able to arrange for other local hospitals to provide graduate nursing students with the experience necessary to take the test for licensing.)

And then, of course, the one thing that I did—I told you about (the statewide) census of the spinal cord injured (persons) in Hawai'i.

JR: When was that?

HK: Nineteen seventy-one. (This was a study supported in part by grants from Social and Rehabilitation Services, U.S. Department of Health, Education, and Welfare, to the regional Spinal Cord Injury Center, Rancho Los Amigos Hospital in California.) I was the field-worker. And Dr. (N. Elane) Wilcox was (coordinator). She came (from California to Hawai'i) to direct the project. She and I were the two people working on it. In six months, (the study was completed and she) presented it to all the hospital (representatives) who gave us permission to look at the (hospital) records.

It showed that in Hawai'i, (the highest cause of) spinal cord injury (was) from falls. They (fell) off a tree, (fell on) the floor, (and so forth). (I) thought it would be (from) diving, (but that was third). (Second was auto accidents.) Most of the diving, it seemed, (were) visitors.

JR: Yeah.

HK: They dive in a shallow area and hit their head.

JR: Local people know how to do that stuff.

HK: Although we have some local people too. After I finished, I joined the Abilities Unlimited

organization they had at the rehab center. When I went to the meetings, I (was able to identify some of the people whose records I had consulted for the study). Of course, they didn't know that I was working [on the study and] knew (their) background.

The interesting thing was, by working on the records, (patients who were admitted) for urinary trouble but (also) had the diagnosis of spinal cord injury, those (records were) pulled out for me (to include in the study). The public health nurses (who knew) people in the community in wheelchairs (notified me), and then (I checked) at the hospital to find out if they had been hospitalized. I could never make direct contact with the patients, that was one of the things.

JR: It's more of your detective work.

HK: Yeah. And having done VD work, it came in very handy.

(Laughter)

HK: (I was) also allowed to (check on) court records—insurance cases where we had the people who were suing, someone who had been injured on the Mainland but came here. We were able to pick up a number of cases that were not (originally) from the hospital. At least we knew Hawai'i falls, so don't fall. (Chuckles)

JR: Watch your step!

HK: Watch your step. We had a woman (in her fifties) who slipped (and) fell backwards and injured her spine. And the doctor commented, "Such an insignificant fall, and yet she's wheelchair-bound."

JR: Yeah.

HK: So you never know.

JR: Well, you don't have stairs here, so you're . . .

HK: Yeah. Well, when I was building the house, I said, "I'm gonna die in this house if I have a heart attack and can't get out. I want to be level, so I can put a ramp over here. If I'm home-bound and in my bedroom, I can have a window over there. I can draw the curtain, I can look out on my yard. (Chuckles)

JR: You seem to be in good shape, though. I have a feeling you'll be around for a while.

HK: I don't know. (I have had two major surgeries, a dog bite that hospitalized me for eight days, and I have been told that I have no hydrochloric acid in my stomach, a condition that makes me more susceptible to cancer of the stomach. But I must say that I am physically well.)

JR: For someone your age, you seem to be . . .

HK: Well, everyone says, "Oh my gosh, I didn't know you were eighty-two and a half."

The other day, a member of a church, she says, "Well, I'm seventy." And I thought to myself, well, I'm over ten years older than you.

JR: What's the secret? What's your secret?

HK: Oh, not worrying. Be happy and don't worry. I keep telling this friend of mine who's ninety—she worries about everything. She's (now) in a care home (and) seems very happy there. I said, "Don't worry. Even if you worry, nothing is gonna improve."

JR: It causes you more stress.

HK: Yeah, live without stress. I hear they're having so many people with stress at the hospital, they (even) have a stress clinic. I say, "What are they stressed about?" (Chuckles) Are you stressed?

JR: Me, personally?

HK: Yeah.

JR: Not particularly. But people get stressed about their bills or their . . .

HK: Yeah. Well, I feel I've been fortunate that way. I had nothing to worry about. If people have family and they have no income, it's a stressful situation. But I always feel there's a way in which they can be helped.

JR: I think people take advantage of their medical professionals when they have physical problems, but not so much, maybe, mental stress or things like that.

HK: Yeah.

JR: Coping with their stress and . . .

HK: And I think there are some people who, no matter what happens, are more stressed than others.

JR: Are you saying that you're maybe just a more easygoing type of person?

HK: Yeah. I remember in my evaluation (as a student nurse at St. Luke's Hospital) I was (told that I am) a very even-tempered person. So I thought, gee, that's good to know. And I am. I try to reason things out, no matter what happens. You know, there's certain things you can't do a thing about, so I try not to worry about it. And then this song, "Be happy. Don't worry, be happy."

(Laughter)

HK: Isn't that a wonderful song?

JR: Is that your motto?

HK: Yeah.

JR: I've really enjoyed talking to you. This has been a pleasure for me. I don't have any more questions. Is there anything you think I'm leaving out that we haven't covered?

HK: Haven't covered? Well, I told you about my trip, the long trip (in 1972).

JR: Yeah.

HK: I didn't mention about where we went from New Zealand, you know, the seventy-one days. We went to Australia and covered the three big cities.

JR: That's Melbourne, Sydney, and—what's the third?

HK: Canberra. (From Australia, we flew to Bali, Djakarta, Yogyakarta, Singapore, Ceylon, Bangkok, Kuala Lumpur, Penang, Macao, Hong Kong, Taiwan, and Japan. That was my first trip to Japan.) Two years ago we had another conference in Canberra. That's a beautiful city. If you have a chance, go to Australia.

(My second trip to Japan was in 1987.) (It was) the hundredth anniversary (of the Japanese Anglican church). The archbishop of Canterbury was there, and archbishops (from) different countries of the world were there. Our presiding bishop from United States (Edmond Browning) was there. The first day we were (in Osaka), we attended the church (service) in Osaka (Cathedral). (Telephone rings.)

(Taping stops, then resumes.)

HK: Our Bishop Browning was the preacher for the night. He said it's been many years since he left Okinawa. He was the priest in Okinawa before he became our bishop here. He used to speak Japanese quite fluently, and (so did) his wife. But that night he said he's been away so long that he (could not) speak in Japanese, so he (preached) in English. And oh, they had a beautiful reception, and we thought, well, we are nothing. But they invited us to the reception.

JR: Oh.

HK: Yeah, it was really nice. (From Osaka, we traveled) to Hiroshima (on a special bus which provided our transportation during our stay in Japan). (It is remarkable to see how the city has been built after it was so devastated by the atomic bomb.) We went to the museum and (saw the displays of) the damage done. (We walked around the park and were greatly moved by what has been done. There is a statue of a brave girl adored by all the children in Japan. The statue is covered with origami birds.) There are thousands of them, and they keep bringing them. She was such a brave little girl, and she was killed in the bombing. (There is) one building (in the park) still standing which was bombed (and left as is). It's amazing, with all the devastation, what improvement (has been) made. Hiroshima is a beautiful, beautiful city. (The) Hiroshima hotel we (stayed in is a very modern hotel and just walking distance from the memorial park). (We visited Hiroshima Hospital and were taken on a tour of it by a physician. We met some of his patients who were being treated for aftereffects of the atomic

bomb.)

And from Hiroshima, we moved to Nagasaki. That's where many of the Portuguese (lived). They have some beautiful people. I think they are Portuguese Japanese. And the story of *Madame Butterfly* is from (there). (There is a beautiful home in Nagasaki.) See, this home belonged to a *Haole*—White man—who had a (Japanese) wife. The wife died, and somehow the will is such that nobody can get the building, so it's a museum. The government (can't take it). He had enough money, so it's fixed up into a museum. People can (visit the home) and the beautiful garden. (There is) an escalator going all the way up and (down, since the home is built on the top of a hill). Nagasaki is a very hilly city. It's a beautiful place.

Then we came to Tokyo. While we were in Tokyo, we were interested in seeing the St. Luke's Hospital. St. Luke's Hospital is run by the Episcopal Church. We had a chance to go through the hospital. It's rather old. They need to rebuild it. They have a beautiful chapel. Many of the nurses who come there become Christians and marry in the chapel. The chapel is bigger than many churches here (in Hawai'i).

And while we were there we also visited their fish—I suppose it's a market. It wasn't too far away from the hotel where we were. They start (their business) early in the morning, so by noon, everything is closed up. It's quite interesting to go in and see everything they're selling. We were able to buy some mushrooms.

And then, one of the things we noticed in Japan, when we got to the airport, they're very strict. We all had to get off the (bus, but leave our belongings on) the bus. I don't know whether they searched everything (on the bus). And they searched us. And we got on the bus. And even at the airport, they're very careful about screening all of us. And I thought, isn't that wonderful? We should be more careful here too. And that way, you feel good when people take care of it to that extent.

JR: Yeah, yeah.

HK: I never told you of my experience while I was in Boston. I took a tour of the [USS] *Constitution*. This was when I was in the Mainland, '38, '39. I took the bus tour, and we went to see the *Constitution*. You know, it's in the harbor. The bus stopped, and the lecturer went off. When he came back, he brought back a man. And he asked me, "Are you Japanese or Chinese?"

So I said, "I'm Japanese." Of course, I should have said, "I am American of Japanese ancestry." But the way he asked me the question. . . .

And then later on, the tour guide came back, and he said, "I'm sorry, but he has to go with you."

(The passengers got off the bus.) Here, they were all speaking foreign languages and what have you. I got off the bus, and he took me to the *Constitution*. I got on the gangplank, went to the top, and I said, "May I go around like the rest of them?"

He said, "Yes, you may go around."

So I went around, came back. I said, "May I go"—whether the upper or lower deck, I don't know which one. I said, "May I?"

He said, "Yes, you may."

So I went around, came back. And I said, "Now, I think I'd like to (go) off."

He said, "Yes, you may (go) off."

He took me to the bus. On the way over, I said, "I'm from Hawai'i. Are you familiar with Pearl Harbor?"

"What's Pearl Harbor?"

I thought, you dummy old thing.

(Laughter)

HK: Anyway, the lecturer came back (to the bus) and he apologized. And I said, "No, don't worry. I can accept that, because I'm different from the rest of them, and it's better for people to be careful about who we are."

And the thing that I think helped me to accept that was the night before I had [listened to a] radio program in which a German pianist was broadcasting a beautiful piano piece. And then later on, it said that this German pianist was sending a message to Germany. And our intelligence service was able to, what, uncode, discode, or whatever . . .

JR: Through the music he was doing this?

HK: Yeah, through the music he was sending this secret code. But they were able to catch it before he finished, because our intelligence service was so careful. This was just a movie [i.e., fictional], but I thought, isn't that wonderful, United States is so far ahead. (Chuckles) I (was) thinking of that, and then they looking at me being Japanese, they did that. I said, "That's good. They're taking good care of everybody."

(Laughter)

HK: But the person in charge, the tour guide, was so embarrassed. I said, "Don't worry. I feel it's a good thing that Americans are being careful."

JR: Well, I think we should wrap it up maybe.

HK: Yeah, okay.

JR: Thank you very much.

HK: You're welcome. It's been very enjoyable. I hope you've gotten all what you needed.

JR: I think so.

END OF INTERVIEW

AN ERA OF CHANGE

Oral Histories of Civilians in World War II Hawai'i

Volume I

**Center for Oral History
Social Science Research Institute
University of Hawai'i at Mānoa**

April 1994